FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079525 (6)

PHILLIPS ACCURATE INVENTORY, INC

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



i incipai i laci	o or Business	Maining Additoss					
878 BURNTLEAF LANE Tallahassee FL 32310		878 BURNTLEAF LANE TALLAHASSEE FL 32310					
					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualified 09/15/1997		
Principal Place of Business 2a. Mailing Address				· ·····	4. FEI Number	A	pplied For
21 878 Survilled Lane 26			ane		59-3346/00	N(ot Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		
City & State	Э Д	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23 Jalla	hause 71.	28			Trust Fund Contribution		to Fees
Zip County		Zip Country		8. This corporation owes or has paid the current year Intangible			
24 323,	23/0 25 200 29 30		30	Personal Property Tax due June 30. 🔲 Yes 🔲 No] No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	Agent L	
	IILLIPS, GWYN		61	Name	NONE		
878 BURNTLEAF LANE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32310							
			83				
			84	City		85 Zip	Code
				<u> </u>	F		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.							
SIGNATURE Signature, typicd or printed nume of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	11 TITLE			☐ Change	Addition
NAME	PH ILLIPS, GWYN D		1.2 NAME				1
STREET ADDRESS	878 BURNTLEAF LANE		1.3 STREE	ADDRESS			i
CITY-ST-ZIP	TALLAHASSEE FL 32310		1.4 CITY-	ST - ZIP			
TITLE		☐ DELET E	2.1 TITLE		17 17 17 17 17 17 17 17 17 17 17 17 17 1	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			ľ
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP			
TITLE		DEL ete	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	_		6.4 CITY-5	ST-ZIP			
14. Lhereby c	ertify that the information supplied wi	th this filing does not qualify fo	r the exemp	tion stated in	ri Section 119.07(3)(i), Florida Statutes. I further	certify that the	information
Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustop empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in							
officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with in address.							
July of Garden Control							