

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

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99 NOV 12 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4-28-99 90061 047-150.00
DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000009701 1. Corporation Name PHILLIPS STORES, INC.					
Principal Place of Business 878 BURNT LEAF LANE TALLAHASSEE FL 32310-			Mailing Address 878 BURNT LEAF LANE TALLAHASSEE FL 32310-		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-3495342	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax.	☐ Yes ☒ No
9. Name and Address of Current Registered Agent PHILLIPS, GWYN 878 BURNT LEAF LANE TALLAHASSEE FL 32310-			10. Name and Address of New Registered Agent		
			81	Name GWYN PHILLIPS	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83	878 BURNT LEAF LN.	
			84	TALLAHASSEE	
			85	City	FL
			86	Zip Code	32310
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-STATE-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-STATE-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-STATE-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-STATE-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-STATE-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-STATE-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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; and that I am the person 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gwyn Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99
Date

850/574-9911
Telephone Number

CR2E034 (11/98)