

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90027 042 ***158.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P980000273811

1. Corporation Name

PHILLIPS PLACE GP, INC.

Principal Place of Business

**7575 DR. PHILLIPS BOULEVARD, SUITE 310
ORLANDO FL 32819**

Mailing Address

**7575 DR. PHILLIPS BOULEVARD, SUITE 310
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

2. Principal Place of Business

21 7575 Dr. Phillips Blvd.

2a. Mailing Address

26 215 North Eola Drive

Suite, Apt. #, etc.

22 210

Suite, Apt. #, etc.

27

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32819

Country

25 USA

Zip

29 32802-2809

Country

30 USA

4. FEI Number

59-3502956

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JOHNSON, LORAN A
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HARGADON, E. WADE**
STREET ADDRESS **7575 DR. PHILLIPS BLVD. #310-#210**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☐ DELETE
NAME **GRIFFIN, WARREN O**
STREET ADDRESS **P.O. BOX 865 N/A**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **AS**
3.3 STREET ADDRESS **J. Craig Lynch**
3.4 CITY-ST-ZIP **7575 Dr. Phillips Blvd., #210
Orlando, FL 32819**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **AT**
4.3 STREET ADDRESS **Kara H. Lynch**
4.4 CITY-ST-ZIP **7575 Dr. Phillips Blvd., #210
Orlando, FL 32819**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 or 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, or on an attachment with an address.

SIGNATURE:

E. Wade Hargadon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99
Date

(407) 345-8400
Daytime Phone #

CR2E034 (5/99)

P98000027381
596705-9002742

Phillips Place, Ltd.

the office village at Dr. Phillips, Florida

July 16th, 1999

Division of Corporations
409 East Gaines Street Tallahassee,
Florida 32399


Re: Phillips Place, G.P., Inc. Annual Report status

Gentlemen:

This letter is to advise you that while the mailing address for Phillips Place G.P. Inc. was formerly Suite 310, 7575 Dr. Phillips Blvd., Orlando, 32819 we were in the process of moving to a new location. There was a new postal carrier while our regular carrier was on vacation. The new carrier was unaware of our relocation and apparently did not deliver our automatically mailed report form. For this reason we never received our form and never submitted it on a timely basis. We are aware that Kathy, one of your associates communicated with our attorney's legal assistant, Ms Gail S. Andre' has discussed this issue. We are therefore sending this letter of explanation as well as changing our mailing address to our attorney's address, as shown on the attached report form.

Thank you for your assistance and cooperation.

Sincerely


E. Wade Hargadon, President
Phillips Place, G.P., Inc.