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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham

Societary of State DIVISION OF CORPORATIONS

DOCUMENT # S66888

(6)

PHILLIP TODD ENTERPRISES, INC.

FILED Mar 19 1997 8:00am Secretary of State



Principal Plac	ee of Business	Mailing Address	Mailing Address			- I INDESTRUE THE BEST BASED AND AND AND AND AND AND AND AND AND AN		
11350 METRO PARKWAY SUITE 103 FORT MYERS FL 33912 US		11350 METRO PARKWAY SUITE 103						
		FORT MYERS FL 33912-1212 US		3. Date Incorporated or Qualified 3a. Date of 07/12/1991 03/18/		of Last Report /1996		
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0287023		
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be  Added to Fees	
Zip	Country	Zip Cau				8. This corporation has liability for intal		
24	[25]	29	30			Florida Statutes		
	9, Name and Address of Curren	it Registered Agent				10. Name and Address of New Regist	tered Agent	
TOD	D, PHIL L.			81	Name			
	EAGLES FLIGHT LANE			82	Street	Address (P.O. Box Number is Not Acceptable)		
FUH	IT MYERS FL 33912			83				
				84	City		FL 85 Z1	p Code
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligi	2 and 607.1508, Florida Stati of Florida, Such change was	utes the absauthorized	hove d by	l e-named the corp	corporation submits this statement for the purp poration's board of directors. I hereby accept the	1	its registered as registered
SIGNATURE								
12.	Signature typed or printed name of registered age		DIF Registered ■ 13.	o Age	nt s gratum	required when reinstating) I  ADDITIONS/CHANGES TO OFFICER	OATE	2D0 IN 12
Tile	PTD			1.1 1.11		ADDITIONS/CHAINGES TO OFFICER	Change	
NAME	PADE DIEL		1.2 N/					7.0011011
STREET ADDRESS	7695 EAGLES FLIGHT LN			1.3 STREET ADDRESS				
CITY-ST-ZiP	FT. MYERS FL		•					
TITLE	The state of the s			1.4 CHY+ST+ZIP 2.1 THEF			Change	Addition
NAME	TODD, KAREN S	221		2.2 NAME 2.3 STREET ADDRESS				_
STREET ADDRESS	7695 EAGLES FLIGHT LANE							
CITY-ST-ZIP	FT MYERS FL		2 4 01					
TITLE				3.1 TITLE			☐ Change	Addition
NAME			3.2 N/	AME				
STREET ADDRESS			3.3 ST	IRFE1	ADDRESS			
CITY-ST-ZIP	]		3.4. C	NY - \$	81-71P			
TITLE	DELETE		4.1 30	4.1 TITLE			Change	Addition
NAME			4. 2 N	AME.				
STREET ADDRESS			4.3 S1	REET	ADDRESS			
CITY-ST-ZIP			4 4 01	1Y - S	1- ZIP			
TITLE			5.1 TO	5.1 T(TLE			☐ Change	e 🔲 Addition
NAME			5.2 N/	4ME				
STREET ADDRESS			5351	REFT	ADDRESS			j
CITY-ST-ZIP			5.4 CI	1Y-S	1-2IP			
TITLE		DELETÉ	6.1 TI	1LF			Change	Addition
NAME			6.2 NA	AME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI	IY-S	T-ZIP			

I. I do 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 armush report is true and accurage 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 furstee 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.

my teed in the tra

11/2785115