

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S86620** (9)

1. Corporation Name

P.H.P. SERVICES, INC.



Principal Place of Business

Mailing Address

**10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257
US**

**10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257
US**

2. Principal Place of Business

2a. Mailing Address

21 4677 GREAT WESTERN LANE SUITE 200

26 PO BOX 23221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

24 32257 25 USA

29 32241 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/11/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3090461

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**FORD, ROBERT A.
3030 HARTLEY ROAD
SUITE 200
JACKSONVILLE FL 32257**

**81 Name FORD, Robert A.
82 Street Address (P.O. Box Number is Not Acceptable)
10110 San Jose Blvd.
83
84 City Jacksonville FL 85 Zip Code 32257**

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)

1-18-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	RICHARD E. BONAVIA	4677 GREAT WESTERN LANE	JACKSONVILLE FL	<input type="checkbox"/>
VP	HARDMAN, RICHARD	18320 NELDA ST	PANAMA CITY BCH FL	<input type="checkbox"/>
T	FORTUNA, CATHERINE	303 MONKS CT	LAKE MARY FL	<input type="checkbox"/>
S	LARRY TUCKER	10457 STONE ROAD	JACKSONVILLE FL	<input type="checkbox"/>
D	CONARD, JACK	11912 BETULA RD	JACKSONVILLE FL	<input type="checkbox"/>
D	ANTHONY J. BONAVIA	315 JAMESTOWN DRIVE	WINTER PARK FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard E. Bonavia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Apr 96 (904) 268-6690
Date Daytime Phone #

CR2E034 (12/95)