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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04208

(7)

NATE PHILLIPS INC.

Principal Place of Business

904 15TH ST NW

Mailing Address

304 15TH ST NW

FILED May 09 1997 8:00am Secretary of State



NAPLES FL 339 US)64	NAPLES FL 34120-1906 US				•			
00		00				3. Date Incorporated or Qualified 01/02/1992		te of Last F 4/1996	Report
	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21 BOY 15th St. N.W. 26 Same						NOT APPLICABLE			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	City & State	& State			Election Campaign Financing Trust Fund Contribution				
Zip_	Country	Zip	Có	ountry	/	8. This corporation has liability for i			·
a 341	20 25 Collier	29	30				Yes [100.002,
	9. Name and Address of Current	Registered Agent			,	10. Name and Address of New Re	gistered #	lgent	
PHILLIPS, NATHANIEL E.					Name				
304 FIFTEENTH ST NW				82 Street Address (P.O. Box Number is Not Acceptable)					
, NAPI	LES FL 33964-1904								
				83					
:				B4	City			85 Zip	Code
							FL		
office or r agent. I a SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligat	ons of, Section 607.0505, F	Torida St	atutes	S.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appo	intment as	registered
	Signature, typed or printed name of registered agent		· · · · · · · · · · · · · · · · · · ·	<u> </u>	ont signature req	uired when reinstaling)	DATE		
12.	OFFICERS AND PVS	DELETE	13			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PHILLIPS, NATHANIEL E.	□ Defert		TITLE				Change	Addition
NAME .	304 FIFTEENTH ST NW			NAME	IEBBEOG				
STREET ADDRESS	NAPLES FL				ADDRESS				
CITY-ST-ZIP TITLE	T	DELETE		CITY-S				Change	Addition
NAME	PHILLIPS, NATHANIEL E.			NAME				Lange Orlange	1
STREET ADDRESS	304 FIFTEENTH ST NW				ADDRESS				
CITY-ST-ZIP	NAPLES FL			CHY-					
TITLE	774 0-5 1-5	DELLLE		TITLE	51.51			☐ Change	Addition
NAME				NAME				_ ,	-
STREET ADDRESS					ADDRESS	1			
CITY-ST-ZIP				CITY-!					
TITLE		☐ DELFTE		TITLE				Change	Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			4.4	CITY-S	51 - ZIP	•			
TITLE		☐ DELETE	5.1	TITLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP			5.4	CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1	TITLE				Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	\$1REE1	ADDRESS				
CHTY-ST-ZIP				CITY-S					
14. I do heret Informatio I am an o	n Indicated on this annual report or su	oplemental annual report is ne receiver or trustee empo	lify for th true and wered to	o exe	emption state	ed in Soction 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	d effect as	if made un	nder oath: