

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

FILED

**Mar 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra L. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 815555

(8)

1. Corporation Name
MURPHREE BRIDGE CORPORATION



Principal Place of Business:
PIKE COUNTY LAKE ROAD #547 TROY ALABAMA 36081

Mailing Address:
PIKE COUNTY LAKE ROAD #547 TROY ALABAMA 36081

3. Date Incorporated or Qualified: **09/11/1961**
3a. Date of Last Report: **02/13/1996**
4. FEI Number: **63-0368729** 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

2. Principal Place of Business:

2a. Mailing Address:

21. State, Act # etc.

26. Suite, Apt. # etc.

22. City & State:

27. City & State:

23. Zip Country:

28. Zip Country:

24. Country:

29. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 officer 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 father or wife, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Initials: Registered Agent, signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: PD
NAME: MURPHREE, TOM
STREET ADDRESS: 105 FORREST TERRACE
CITY-STATE-ZIP: TROY AL
2. TITLE: SD
NAME: CAMPBELL, WM EARL
STREET ADDRESS: 115 LAMAR ST.
CITY-STATE-ZIP: TROY AL
3. TITLE: TD
NAME: MURPHREE, SAM
STREET ADDRESS: 432 W. COLLEGE ST.
CITY-STATE-ZIP: TROY AL
4. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____
5. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

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: D
3.2 NAME: Murphree, Sam
3.3 STREET ADDRESS: 432 W. College St.
3.4 CITY-STATE-ZIP: Troy, Alabama 36081
4.1 TITLE: TD
4.2 NAME: Mary Sue Semm
4.3 STREET ADDRESS: P. O. Box 151
4.4 CITY-STATE-ZIP: Brundidge, Alabama 36010 (WA)
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 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 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: *Mary Sue Semm* *Mary Sue Semm* 1/14/97 834-266-0226
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Current Period)

CR2E034 (9/96)