

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

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049729

1. Corporation Name

A & M Fernery, Inc.

Principal Place of Business
**2525 Place Pond Road
DeLeon Springs, FL 32130**

Mailing Address
**Post Office Box 1842
DeLeon Springs, FL 32130**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
7/5/94

3a. Date of Last Report
5/1/95

21. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3262272

Applied For
 Not Applicable

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Michael W. Murphy
Post Office Box 1842
DeLeon Springs, Florida 32130**

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	President
NAME	Michael W. Murphy
STREET ADDRESS	Post Office Box 1842
CITY-ST-ZIP	DeLeon Springs, Florida 32130
TITLE	Treasurer
NAME	Amanda B. Murphy
STREET ADDRESS	Post Office Box 1842
CITY-ST-ZIP	DeLeon Springs, Florida 32130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	2525 Place Pond Rd.
1.4 CITY-ST-ZIP	DeLeon Sps., FL. 32130
2.1 TITLE	SAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAME
2.3 STREET ADDRESS	2525 Place Pond Rd.
2.4 CITY-ST-ZIP	DeLeon Sps., FL. 32130
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900001859209
5.3 STREET ADDRESS	-06/12/96--01020--016
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Michael W. Murphy **4-25-96** ⁹⁰⁴¹ ₇₅₆₋₇₇₅₇

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone