## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 815555** 

**Entity Name: MURPHREE BRIDGE CORPORATION** 

**Current Principal Place of Business:** 

1627 COUNTY ROAD 1149

TROY. AL 36079

**Current Mailing Address:** 

1627 COUNTY ROAD 1149 TROY. AL 36079

FEI Number: 63-0368729 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 06, 2019

**Secretary of State** 

5651377180CC

Officer/Director Detail:

Title PD Title VPD

Name MURPHREE, FRANK HUNTER Name CAMPBELL, KENNETH

Address 210 PALOS VERDES DR. Address P. O. BOX 1350

City-State-Zip: TROY AL 36079 City-State-Zip: TROY AL 36081

Title TD Title D

NameYARBROUGH, EDWARD BNameMURPHREE, THOMAS WAddress112 INGRAM DRIVEAddress105 FOREST TERRACE

City-State-Zip: TROY AL 36079 City-State-Zip: TROY AL 36081

Title SD Title DIRECTOR

Name WILSON, JOHN J Name FULLER, BRAXTON

Address 113 INDIAN CREEK TRAIL Address 102 PRIMROSE PATH

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City-State-Zip: TROY AL 36079

City-State-Zip: TROY AL 36079

City-State-Zip: TROY AL 36079 City-State-Zip: TROY AL 3607

Title DIRECTOR
Name PARKER, JUDY

Address 646 COUNTY ROAD 3303

City-State-Zip: TROY AL 36079

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD B YARBROUGH TREASURER 03/06/2019

Electronic Signature of Signing Officer/Director Detail

Date