

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 233431

1. Corporation Name
MURGER INC

Principal Place of Business
2900 E LAKE BENNETT RD.
AVON PARK FL 33825

Mailing Address
2900 E LAKE BENNETT RD.
AVON PARK FL 33825

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90012 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1960

4. FEI Number
59-1031797

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

GERGEN, PAULA H.
6290 S.W. 102ND ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 P
NAME GERGEN, GLENN
STREET ADDRESS 978 CHICKADEE LANE
CITY-ST-ZIP ORANGE PARK FL 32073

☐ DELETE

TITLE V
NAME EDWARDS, CHRISTINE
STREET ADDRESS 2200 LAKE VILLAGE DR. APT.#819
CITY-ST-ZIP KINGWOOD TX

☐ DELETE

TITLE TR
NAME GERGEN, SCOTT FL.
STREET ADDRESS 2900 E LAKE BONNET RD.
CITY-ST-ZIP AVON PARK FL

☐ DELETE

TITLE VP
NAME GERGEN, TOMMY F.
STREET ADDRESS 8925 SW 61ST CT.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VP
NAME GERGEN, KELLY R.
STREET ADDRESS 1694 FLOYD ST.
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE VP
NAME LANE, PAULLETTE
STREET ADDRESS 4214 SYLVAN RAMBLE
CITY-ST-ZIP TAMPA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Cristiano, Gail
9800 S.W. 63rd CT.
MIAMI, FL 33156

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 (941) 385-7010

CR2E034 (1/98)