

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90027 050 ***150.00

DOCUMENT # 257053			
1. Entity Name MURPHY CHEVROLET CO.			
Principal Place of Business 1387 N. BROADWAY P.O. BOX 1359 BARTOW, FL 33830		Mailing Address 1387 N. BROADWAY P.O. BOX 1359 BARTOW, FL 33830	
2. Principal Place of Business - No P.O. Box # 1650 N. Park Ave		3. Mailing Address P.O. Box 1359	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bartow, FL		City & State Bartow, FL	
Zip 33830	Country US	Zip 33831	Country US
6. Name and Address of Current Registered Agent MURPHY, TIM 1387 N. BROADWAY BARTOW, FL 33830-0309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1650 N. Park Ave City Bartow FL Zip Code 33830	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURPHY, TIM 1387 N. BROADWAY BARTOW, FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1650 N. Park Ave Bartow, FL 33830 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MURPHY, MITCH 1387 N. BROADWAY BARTOW, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1650 N. Park Ave Bartow, FL 33830 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, JANE 1387 N. BROADWAY BARTOW, FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1650 N. Park Ave Bartow, FL 33830 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Tim Murphy Pres.</u> Date: <u>2/27/08</u> Daytime Phone #: <u>863-533-6709</u>			