

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

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**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 344557 (4)
1. Corporation Name
MURPHY OLDSMOBILE-GMC TRUCK, INC.



Principal Place of Business: **174 EAST HIBISCUS BLVD MELBOURNE FL 32901**
Mailing Address: **174 EAST HIBISCUS BLVD MELBOURNE FL 32901-3103**

3. Date Incorporated or Qualified: **04/15/1969**
3a. Date of Last Report: **01/22/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1262310	Applied For: <input type="checkbox"/>
22. Suite, Apt #, etc	27. Suite, Apt #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MURPHY, EUGENE T 174 EAST HIBISCUS BLVD. MELBOURNE FL 32901	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MURPHY, EUGENE T		1.2 NAME	
STREET ADDRESS: 174 E HIBISCUS BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP: MELBOURNE FL		1.4 CITY-ST-ZIP	
TITLE: VO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MURPHY, THOMAS H		2.2 NAME	
STREET ADDRESS: 174 E HIBISCUS BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP: MELBOURNE FL		2.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MURPHY, JEAN G		3.2 NAME	
STREET ADDRESS: 174 E HIBISCUS BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP: MELBOURNE FL		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-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: _____ DATE: **1/14/97** DAYTIME PHONE: **407 727-2830**

CR2E034 (9/96)