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FILED

Feb 12 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 # 396806

(2)

1. Corporation Name

PRISCILLA MURPHY REALTY, INC.



Principal Place of Business

13831 VECTOR AVENUE, #105  
SUITE 105  
FT. MYERS FL 33907  
US

Mailing Address

13831 VECTOR AVENUE #105  
SUITE 105  
FT. MYERS FL 33907-6820  
US

3. Date Incorporated or Qualified  
03/06/1972

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1382256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

HERMES, JUANITA  
13831 VECTOR AVENUE  
STE 105  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

WILLIAMS, ALLEN C.

82 Street Address (P.O. Box Number is Not Acceptable)

13831 VECTOR AVE.

83

SUITE 105

84 City

FT. MYERS

FL

85 Zip Code  
33907

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 Allen C. Williams, Pres. 02-07-97  
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	HERMES, JUANITA H	
STREET ADDRESS	1001 KINGS CROWN DR	
CITY-ST-ZIP	SANIBEL, FL 0	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ASP, MARSHA B.	
STREET ADDRESS	1901 CLIFFORD ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ALLEN C.	
STREET ADDRESS	15160 FIDDLESTICKS BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERMES, JAMES P.	
STREET ADDRESS	1001 KINGS CROWN DR.	
CITY-ST-ZIP	SANIBEL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REID, REBECCA L.	
STREET ADDRESS	5412 HARBOR CASTLE DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT
3.3 STREET ADDRESS	WILLIAMS, ALLEN C.
3.4 CITY-ST-ZIP	15160 FIDDLESTICKS BLVD.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FT. MYERS, FL
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	VP
6.2 NAME	PETERSON, BRUCE C.
6.3 STREET ADDRESS	6414 ADELPHI CIRCLE
6.4 CITY-ST-ZIP	FT. MYERS, FL

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: Allen C. Williams, President 01-08-97 941-482-5111  
Signature, typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)