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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 396806

(2)

PRISCILLA MURPHY REALTY, INC.

FILED May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						iti atas atau atau diati sadi
13831 VECTOR AVENUE. #105 SUITE 105 FT. MYERS FL 33807		13831 VECTOR AVENUE #105 SUITE 105 FT. MYERS FL 33907			DO NOT WRITE IN THE	S SPACE
US		US		3. Date Incorporated or Qualified		
					03/06/1972	
	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-1382256	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
g, Name and Address of Current Registered Agent				1	10. Name and Address of New Registere	d Agent
WILLIAMS, ALLEN C			81	Name		
13831 VECTOR AVE SUITE 105			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	MYERS FL 33907		83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	tes, the abov	L e-named co	progration submits this statement for the purpose	of changing its registered
office or r agent. La	egistere d agent, or both, in the State i <mark>m familiar with, and accept the obliga</mark>	of Florida. Such change was ations of, Section 607.0505, F	aulhorized b Iorida Statute	y the corpor s.	ration's board of directors. I hereby accept the a	opointment as registered
SIGNATURE						
	Signature, typed or printed name of rugistered age Of FICERS ANI			ent signature req	quired when reinstating) DATE	ND DIDECTORS IN 40
TITLE	P OF ICERS ANI	DELETE	13. 11 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	WILLIAMS, ALLEN C.		1.2 NAME			
STREET ADDRESS	15160 FIDDLESTICKS BLVD.			T ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-	ST - ZIP		
TITLE	VP.	☐ DELET £	2.1 TITLE	_,		Change Addition
NAME	REID, REBECCA L.		2.2 NAME			ı
STREET ADDRESS	5412 HARBOR CASTLE DRIVE		2.3 STREE	I ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2. 4 CITY-	ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	PETERSON, BRUCE C		3.2 NAME	1		
STREET ADDRESS	6414 ADELPHI CIR		4	ADDRESS		
CITY-ST-ZIP TITLE	FT MYERS FL	DELETE	3.4. CITY- 4.1 TITLE	ST- ZIP		Change Addition
NAME		C precit	4.1 THLE 4.2 NAME			CT custings CT vocation
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY - 5	1		
TITLE		DELETE	5.1 TITLE	11-211		Change Addition
NAME		hand/	5.2 NAME	1		
STREET ADDRESS				F ADDRESS		
CITY-ST-ZIP			5.4 C(TY-	Ì		
TITLE		DELETE	6.1 TITLE		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Change Addition
NAME			6.2 NAME			·
STREET ADDRESS				ADDRESS		
CITY ET 710			6.4 CITY			

14. Thereby 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 13 if changed, or on an attachment with an address.

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