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Feb 06 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 # 431657 (6)

1. Corporation Name
J. H. MURRAY CONSTRUCTION CO., INC.



Principal Place of Business
10265 TAMiami TRAIL, NORTH
SUITE ONE
NAPLES FL 33963-1804

Mailing Address
10265 TAMiami TRAIL, NORTH
SUITE ONE
NAPLES FL 34108-1804

3. Date Incorporated or Qualified 07/27/1973
3a. Date of Last Report 02/26/1996

2. Principal Place of Business
21 11983 TAMiami TRAIL N.
Suite, Apt. #, etc.
22 142

2a. Mailing Address
26 11983 TAMiami TRAIL N.
Suite, Apt. #, etc.
27 142

4. FEI Number 59-1474105
Applied For
Not Applicable

City & State
23 NAPLES FL

City & State
28 NAPLES FL

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

Zip Country
24 34110-1606 25 USA

Zip Country
29 34110-1606 30 USA

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

9. Name and Address of Current Registered Agent
MURRAY, JOHN H.
10265 TAMiami TRAIL NORTH
#1
NAPLES FL 33963

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
11983 TAMiami TRAIL N.
83 SUITE 142
84 City NAPLES FL 85 Zip Code 34110

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: *Nancy L. Murray*
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	PTD	<input type="checkbox"/> DELETE
NAME	MURRAY, JOHN H.	
STREET ADDRESS	10265 TAMiami TR N #1	
CITY-ST-ZIP	NAPLES FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	MURRAY, NANCY L.	
STREET ADDRESS	10265 TAMiami TR N #1	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Nancy L. Murray* NANCY L. MURRAY 1/30/97 941-597-8666
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)