

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 431657

1. Corporation Name

J. H. MURRAY CONSTRUCTION CO., INC.

Principal Place of Business

**11983 TAMiami TRAIL NORTH
142
NAPLES FL 34110-1606
US**

Mailing Address

**11983 TAMiami TRAIL NORTH
142
NAPLES FL 34110-1606
US**

2. Principal Place of Business

21 206 FLAMINGO AVE

2a. Mailing Address

26 206 FLAMINGO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES FL

City & State

28 NAPLES FL

Zip Country **34108 USA**

Zip Country **34108 USA**

24 34108

25

29 34108

30 USA

9. Name and Address of Current Registered Agent

**MURRAY, JOHN H.
11983 TAMiami TRAIL NORTH
SUITE 142
NAPLES FL 34110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1973

4. FEI Number

59-1474105

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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** ☐ DELETE
NAME **MURRAY, JOHN H.**
STREET ADDRESS **206 FLAMINGO AVE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SVD** ☐ DELETE
NAME **MURRAY, NANCY L.**
STREET ADDRESS **206 FLAMINGO AVE**
CITY-ST-ZIP **NAPLES FL 34108-2106**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Nancy L. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/99

Daytime Phone #

941-597-8666

CR2E034 (1/98)

03/01/99