## 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 #

(4)

JAYMUR, INC.

## **FILED** Feb 04 1998 8:00am Secretary of State



Bota alored Di		Managara					
Principal Place of Business Mailing Address							
3485 OCEAN VERO BCH.		VERO BCH. FL 32963	3465 OCEAN DRIVE VERO BCH. FL 32963		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	• • • • • • • • • • • • • • • • • • • •	
					06/10/1979		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-1916576	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #,					5. Certificate of Status Desired	T	5 Additional
22         27           City & State         City & State							Required
	e		26		6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			Zip Country		8. This corporation owes or has paid the current year Intangible		
24	25			6. This corporation eves of his paid the carr		Yes	Intangiole ☐ No
<u></u>	9, Name and Address of Current Registered Agent		100	10, Name and Address of New Regist			
М	JRPHY, EDWARD R JR		E	Name			
	5 SKYLINE CIR		_	O Cereal Ada	trace (D.C. Dou Ni, subserie Net Assessable)		
	TELLITE BCH FL 32937		•	Street Add	dress (P.O. Box Number is Not Acceptable)		
•			Ē	33			
			,	4 63			
			•	City		FL  85   Z	ip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	utes, the abo	ove-named cor	poration submits this statement for the purpo	se of changin	g its registered
orrice or r	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 607.0505, F	s autnorized Florida Statu	by the corpora tes:	poration submits this statement for the purpo ation's board of directors. I hereby accept the	appointment	as registered
SIGNATURE	•						
	Signature, typed or printed name of registered		DTF: Registered /	Agent signature requ	ired when reinstating) DA	JE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	☐ DÉLETE	1.5 TO U			L Chang	ge L. Addition
NAME	MURPHY, EDWARD R. JR		1.2 NAM				
STREET ADDRESS	125 SKYLINE CIRCLE			ET ADDRESS			
CITY-ST-ZIP	SATELLITE BCH FL VSD	DELETE		-S1-7IP		Chang	e Addition
TITLE	MURPHY, ALFREDA J.	L_ DITE	21 1 11				e L Addition
NAME CARREST ASSESSED	125 SKYLINE CIRCLE		2 2 NAM				
STREET ADDRESS	SATELLITE BCH FL			ET ADDRESS			
CITY-ST-ZIP TITLE	VD	DELETE	3.1 TITLE	/-ST-ZIP		Chang	je Addition
NAME	MURPHY, EDWARD R. III		3.2 NAM				
STREET ADDRESS	2165 PINEAPPLE AVENUE			ET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			Y-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Chang	je Addition
NAME			4. 2 NAN	1E		_	
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	- ST - ZIP			
TILE		DELETE	5.1 TITLE			Chang	e Addition
ME			52 NAM	r			
TESS			5 3 STHE	E1 ADDRESS			1
ST-ZIP			5.4 CiTY	- ST - ZIP			
		☐ DELETE	61 TITLE			Chang	e 🔲 Addition
	•		6.2 NAM	E			
YRESS			6 3 S1RE	ET ADORESS			
·1			6.4 CITY	- ST - ZIP			

by 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 ad 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 or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or Block 13 if changed, or on an attachment with an address.