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Mar 25 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 # 629001 (9)

1. Corporation Name
BOB MURPHY, INC.



Principal Place of Business Mailing Address
DELRAY DUNES G.C. DELRAY DUNES G.C.
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified 07/09/1979
3a. Date of Last Report 02/12/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

4. FEI Number 59-1936206 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

10. Name and Address of New Registered Agent

MURPHY, BOB
11910 N. LAKE DR.
DELRAY DUNES GOLF CLUB
BOYNTON BCH. FL 33436

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
FILE	PD	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	MURPHY, BOB			1.2 NAME			
STREET ADDRESS	12005 DUNES RD.			1.3 STREET ADDRESS			
CITY- ST- ZIP	BOYNTON BEACH FL			1.4 CITY- ST- ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	MURPHY, GAIL			2.2 NAME			
STREET ADDRESS	12005 DUNES RD.			2.3 STREET ADDRESS			
CITY- ST- ZIP	BOYNTON BEACH FL			2.4 CITY- ST- ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY- ST- ZIP				3.4 CITY- ST- ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY- ST- ZIP				4.4 CITY- ST- ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				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: *Bob Murphy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97

Date: _____ (Daytime Phone: # _____)

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CR2E034 (9/96)