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 # 629001 1. Corporation Name

BOB MURPHY, INC.

Principal	Place	of	Business

Mailing Address

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90043 003 ***150.00



DELRAY DUNES BOYNTON BEAC		DELRAY DUNES G.C. BOYNTON BEACH FL 33430	5			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/09/1979
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21	•	26				59-1936206 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22	* * * * * * * * * * * * * * * * * * * *	27	<u> </u>			5. Certificate of Status Desired Fee Required
City & State	-	City & State	·			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Countr 30	ry	7777	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
			8	1 1	Name	
MURPHY, BOB 11910 N. LAKE DR.			8:	2 :	Street Addre	ess (P.O. Box Number is Not Acceptable)
DELF	RAY DUNES GOLF CLUB		8	3		
BOY	NTON BCH. FL 33436		<u> </u>			85 Zip Code
1			8	4 (City	FL 85 Zip Code
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Flor	inonzea b rida Statute	y the es.	e corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD .	☐ OELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	MURPHY, BOB		1.2 NAME	E	-	
STREET ADDRESS	12005 DUNES RD.		1.3 STRE	ET AE	DDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-	-ST-Z	ZIP	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	MURPHY, GAIL		2.2 NAME	E	ļ	•
STREET ADDRESS	12005 DUNES RD.		2.3 STRE	ETAL	DORESS	
CITY-ST-ZIP	BOYNTON BEACH FL		2. 4 CITY			
TITLE	BOTTETOR BENGITTE	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME :			3.2 NAME	E		
STREET ADDRESS			3.3 STRE		DORESS	
1	1		3.4, CITY		l l	İ
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STRE		DOBESS	
CITY-ST-ZIP			4.4 CITY-		l l	
TITLE	<u> </u>	☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			_,
			5.3 STRE		DORESS	
STREET ADDRESS	·		5.4 CITY-		į	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
TITLE			6.2 NAME			
NAME			6.3 STRE		DODESS	
STREET ADDRESS			BA CITY			
			■ 64 C//Y-	-81-7	rne t	

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)