☐ Change

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☐ Addition

DOCUMENT # 698842

JACK MURRAY CONSTRUCTION CONSULTANT, INC.

Principal Place of Business

Mailing Address

C/O JACK MURRAY 471 28TH COURT

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-\$1-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

C/O JACK MURRAY 471 28TH COURT

VERO BEACH FL 32968 VERO BEACH FL 32968-2017

2. Principal Place of Business	3. Mailing Address
•	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
duite, Apr. #, etc.	Suite, Apt. #, etc.



Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN TH	IS SPACE				
City & State				City & State			4. F	FEI Number 59-2115601		Applied Not App	d For plicable	
Zip		Country	~ \.	Zip	Count	·y	. 5. (Certificate of Status Desired	\$8.75 Fee Red	Addition: quired	al	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
			- 			Name						
JACK MURAY 471 27TH COURT						Street Address (P.O. Box Number is Not Acceptable)						
471 :	28TH COU	RT									ì	
VERO BEACH FL 32968				-	City FL Zip Code							
8. The above	named entit	y submits this stateme	ent for the	purpose of changing its	registere	d office or regis	stered age	ent, or both, in the State of Florida.				
		•									(
 SIGNATURE :												
0,0,1,1,0,12	Signature, typed	or printed name of registered	agent and ti	tle if applicable. (NOT	E. Registered	Agent signature requ	uired when re	einstating) DAT	Ē			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable				000 Fee v	vill be \$550.0		10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
11.		OFFICERS	AND DIR	ECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN	11	
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	D DE	ACH, FL 00000				-					Addition	
TITLE NAME	MURRAY,	JACK		L_I Delete	TITLE				LJ Criai	ige []	Addition	
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR