

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 # 825118

1. Corporation Name
MURRAY GUARD, INC.

Principal Place of Business

58 MURRAY GUARD DR
P.O. BOX 10248
JACKSON TN 38302-7728
38308-0104

Mailing Address

58 MURRAY GUARD DR
P.O. BOX 728
JACKSON TN 38302-0728
US

2. Principal Place of Business

21 58 Murray Guard Dr.

2a. Mailing Address

26 P.O. Box 10248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jackson, TN

City & State

28 Jackson TN

Zip Country

24 38305 25

Zip Country

29 38308-0104 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1970

4. FEI Number

62-0784757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 CD
NAME MURRAY, ROGER G JR
STREET ADDRESS 58 MURRAY GUARD DR
CITY-ST-ZIP JACKSON TN

☐ DELETE

TITLE VSD
NAME WARD, JAMES A
STREET ADDRESS 2 STONEHAVEN WOODS
CITY-ST-ZIP JACKSON TN

☐ DELETE

TITLE PTD
NAME FERGUSON, GERALD P JR
STREET ADDRESS 83 WINDEMERE
CITY-ST-ZIP JACKSON TN

☐ DELETE

TITLE D
NAME WARD, JERRY
STREET ADDRESS 113 WILDWOOD
CITY-ST-ZIP JACKSON TN

☐ DELETE

TITLE D
NAME COLLINS, ELIAS G.
STREET ADDRESS 473 N WILLET
CITY-ST-ZIP MEMPHIS TN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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:

DAVID M. HARRIS
V.P. CONTROLLED

5-27-99 (901) 668-3400

Date

Daytime Phone #

CR2E034 (1/98)