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 #

1. Corporation Name F34408

HAROLD J. MURRAY, JR., D.M.D., P.A.

(7)

FILED Mar 09 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		[
,			
4333 APPLETON AVENUE JACKSONVILLE FL 32210	JACKSONVILLE FL 32210		
SACKOCIVILLE 1 & SEE TO	anondominete le deelo		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			06/01/1981
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26 154 SOUTHERLY LU.		59-2087276 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22	27		Fee Required
City & State	City & State		6, Election Campaign Financing \$5.00 May Be
23	28 CANCE VA	W. Ju	Trust Fund Contribution Added to Fees
Zip Country	Zip2 20/12	Country	This corporation owes or has paid the current year Intangible
24 25	29 30013 30	<u> </u>	Personal Property Tax due June 30. X Yes No
g. Name and Address of Current	Registered Agent	-	10. Name and Address of New Registered Agent
MURRAY, HAROLD J., JR		81 Name	
-4333 APPLETON AVENUE- 82			ess (P.O. Box Number is Not Acceptable)
- Jacksonville fl 322 10-		1154	SOUTHBLUY LUI.
		83	,
		84 City	85 Zip Code
		I I WA	NOE 1'AKU FL 32073
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose of changing its registered
agent. I am familiar with, and accept the obliga	or Florida. Such change was auth itions of, Section 607.0505, Florida	iorizeo dy ine corporau a Statutes.	on's board of directors. I hereby accept the appointment as registered
_	,		
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Agont signature require	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	☐ DELETE	1.1 TITLE	Change Addition
NAME MURRAY, HAROLD J JR		1.2 NAME	ol Caralina () . I
STREET ADDRESS 4333 APPLETON AVENUE		1.3 STREET ADDRESS	54 Southberr Lyl.
CITY-ST-ZIP JACKSONVILLE, FL 00000		1.4 City-St-ZiP	DANGE VAILL FL 32073
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	☐ DELE TE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
City - St - ZiP	DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
NAME CYDERY ADDRESS		5.3 STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE	□ DELETE		viango nonito
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 City-St-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information

Interest certify that the information supplied with this little 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.

17,100