

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90039 017 ***150.00

DOCUMENT # F43352

1. Corporation Name

WILLIAM H. MURPHY, GENERAL CONTRACTOR, INC.

Principal Place of Business

221 OLD DIXIE
20
TEQUESTA FL 33469-2679
US

Mailing Address

221 OLD DIXIE HWY
20
TEQUESTA FL 33469-2679
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1981

4. FEI Number

59-2232163

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

2. Principal Place of Business

21 8840 S.E. ROBLYN ST

2a. Mailing Address

27 SAME

Suite, Apt. #, etc.

22 HOBE SOUND FL

Suite, Apt. #, etc.

27 SAME

City & State

23 HOBE SOUND FL

City & State

28 SAME

Zip

24 33455

Country

25 MARTIN

Zip

29 30

Country

30

9. Name and Address of Current Registered Agent

MURPHY, WILLIAM H
19900 MONA ROAD
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

MURPHY, WILLIAM H.

82 Street Address (P.O. Box Number is Not Acceptable)

8840 SE ROBLYN ST.

83

84 City

HOBE SOUND

FL

85 Zip Code

33455

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 607.0502, Florida Statutes.

SIGNATURE

Wm. H. Murphy

(NOTE: Registered Agent signature required when reinstating)

4/10/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MURPHY, WILLIAM H
STREET ADDRESS 214 HAMPTON CIRCLE
CITY-ST-ZIP JUPITER FL

TITLE V ☐ DELETE

NAME MURPHY, RAYMOND A
STREET ADDRESS 214 HAMPTON CIRCLE
CITY-ST-ZIP JUPITER FL

TITLE ST ☐ DELETE

NAME MURPHY, LINDA
STREET ADDRESS 214 HAMPTON CIRCLE
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

155 S. HAMPTON DR
JUPITER, FL 33469

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

AS ABOVE

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

AS ABOVE

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:

Wm. H. Murphy

4/10/99

A.C. 561
747-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)