7-1.98 B- 4025 -C 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 # F74993

(9)

FILED Apr 01 1998 8:00am Secretary of State

1. Corporation MURR/	AY HILL INVESTMENTS, INC).			1714 218 14 218 14 218 14 218 14 2 18 14
Principal Plac	ce of Business	Mailing Address	·	}	1881 B181 B191 B181 B181 1081
		1200 CASSAT AVE			
1200 CASSAT AVE JACKSONVILLE FL 32205		JACKSONVILLE FL 32205		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/29/1982	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2181984	Not Applicable
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the o	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Currer	nt Registered Agent		10, Name and Address of New Registers	d Agent
SCARBOROUGH, WAYNE T. 81 Name					
	00 CASSAT AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
JA	CKSONVILLE FL 32205				
			83		
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
				F	<u>L</u>
11, Pursuant office or	to the provisions of Sections 607.050 registered agent, or both in the State	02 and 607.1508, Florida Statule i of Florida. Such change was ai	s, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered population
agent. I s	am familiar with, and recent the oblig	ations of Section 507.0505, Flor	rida Ratutes.	(Beroe)	2 2 2 7
	Signature, typed in printed name of registered agr	1001055			
12.		D DIRECTORS	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	I PD	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO OFFICERS A	Change Addition
NAME	SCARBOROUGH, WAYNE T.	_	1.2 NAME		_ , _
STREET ADDRESS	1200 CASSAT AVE.,		1.3 STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 City-St-ZiP		
TITLE	VD	DELETE	2.1 TOTLE		Change Addition
NAME	SCARBOROUGH, ROBERTA I	L.	2.2 NAME		
STREET ADDRESS	1200 CASSAT AVE.,		2.3 STREET ADDRESS		
CITY-\$1-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME]		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	}		3.4 CITY-ST-ZIP		İ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		4.4 CITY-ST-ZIP		
#TITLE		☐ DELETE	5.1 TITLE		Change Addition
, name			5.2 NAME		
STREET ADDRESS)		5.3 STREET ADDRESS		Ì
CITY-ST-ZIP		<u></u>	5.4 CITY - ST- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	l		6.2 NAME		
STREET ADDRESS	}		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
4.4 I borobu	cortify that the information complied w	ith this filing does not qualify for	the exemption stated in 9	Section 119.07(3)(i) Florida Statutes, Lifurther	cortify that the information

14. I hereby certify that the information supplied with this filling 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 of 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, promining attachment with an address.

SIGNATURE.

Vayry Tearbor

3-27-98

CR2E034 (10/97