## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # F9500001000 (7)

MURDOCH GARDENS, INC.

Principal Place of Business Mailing Address 4 N. WASHINGTON ST 4 N. WASHINGTON ST EASTON MD 21601-3126 EASTON MD 21601 3a. Date of Last Report 3. Date Incorporated or Qualified 03/01/1995 06/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1107746 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country Country This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GALLAGHER, JUANDA M 666 W. MARSHALL LAKE 82 Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 **B**3 City 84 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 portion name of registered agent and title. Lapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change \_\_\_ Addition 1 1 TITLE THUE MURDOCH, WILLIAM B III 1.2 NAME NAME 4 N. WASHINGTON ST STREET ADDRESS 1.3 STREET ADDRESS EASTON MD 21601 1.4 CITY-ST-ZIP CITY ST ZIP Addition DELETE Change THILE 2.1 TITLE MURDOCH, WILLIAM B IV 2.2 NAME **4 N. WASHINGTON ST** STREET ADDRESS 2.3 STREET ADDRESS EASTON MD 21601 2 4 CITY-ST-7IP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE MURDOCH, THOMAS MARAE 3.2 NAME 4 N. WASHINGTON ST 3.3 STREET ADDRESS STREET ADDRESS EASTON MD 21601 3.4. CITY - ST - ZIP CITY-ST-ZIE DELETE Change Addition 4.1 TITLE TILE MURDOCH, MARJORIE NAME 4 2 NAME 4 N. WASHINGTON ST 4 3 STREET ADDRESS STREET ADDRESS EASTON MD 21601 44 CiTY-ST-ZIP CHTY - ST - ZP DELETE 5.1 TITLE Change \_\_\_ Addition TIT F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-St-Zip CITY - \$1 - ZIP DELETE Change Addition THEFT 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. To 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or op an

SIGNATURE AND TYPEO OR

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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

**FILED** 

Mar 26 1997 8:00am

Secretary of State

(96/6) (96/6)