

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 27 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F95000001000 (7)
 1. Corporation Name
MURDOCH GARDENS, INC.



Principal Place of Business 4 N. WASHINGTON ST EASTON MD 21601	Mailing Address 4 N. WASHINGTON ST EASTON MD 21601
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/01/1995	
4. FEI Number 52-1107746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GALLAGHER, JUANDA M
666 W. MARSHALL LAKE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name	Winborn McCall
82 Street Address (P.O. Box Number is Not Acceptable)	666 W. Marshall Lake
83	Apopka
84 City	FL
85 Zip Code	32703

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURDOCH, WILLIAM B III	
STREET ADDRESS	4 N. WASHINGTON ST	
CITY-ST-ZIP	EASTON MD 21601	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURDOCH, WILLIAM B IV	
STREET ADDRESS	4 N. WASHINGTON ST	
CITY-ST-ZIP	EASTON MD 21601	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURDOCH, THOMAS	
STREET ADDRESS	4 N. WASHINGTON ST	
CITY-ST-ZIP	EASTON MD 21601	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MURDOCH, MARJORIE	
STREET ADDRESS	4 N. WASHINGTON ST	
CITY-ST-ZIP	EASTON MD 21601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MURDOCH JOHN F.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4 N. Washington St	
1.3 STREET ADDRESS	Easton Md, 21601	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* 7/10/98 410-820-7000

CR2E034 (5/98)