AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### DOCUMENT # 1. Corporation Name F95000001000

## MURDOCH GARDENS, INC.

# **FILED** Jul 13, 1999 8:00 am Secretary of State 07-13-1999 90008 047 \*\*\*550.00

						;	<b>8819</b> 1  1811 88111 88111 8811 1881	
Principal Place	of Business	Mailing Address	ing Address					
4 N. WASHINGTON ST EASTON MD 21601		4 N. WASHINGTON ST EASTON MD 21601			;			
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/01/1995		
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	Applied For	
21		26				52-1107746	Not Applicable	
Suite, Apt.	# <sub>i</sub> ·etc	- Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22		27				5. Certalicate of Status Desired	Fee Required	
City & State		City & State			-	6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year		
24	25	29	30			Intangible Personal Property.	Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
MCCALL, WINBORN				81	Name			
			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
666 W MARSHALL LAKE						, ,		
APOPKA FL 32703				83				
,				84	City	FL	85 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TI	TLE	_		Change Addition	
NAME	MURDOCH, WILLIAM B III		1.2 NA	AME	1			
STREET ADDRESS	4 N. WASHINGTON ST		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	EASTON MD 21601		1.4 CI	TY-ST-	-ZIP			
TITLE	VD DELETE		2.1 TI	2.1 TITLE			Change Addition	
NAME	MURDOCH, WILLIAM B IV	<del></del>	2.2 N	AME.				
STREET ADDRESS	4 N. WASHINGTON ST		2.3 ST	REET/	ADDRESS			
CITY-ST-ZIP EASTON MD 21601			2.4 CI		ZIP -	A Company of the Comp	7	
TITLE	VD	DELETE	3.1 TI		1		Change Addition	
NAME	MURDOCH, THOMAS	_	3.2 N	AME				
STREET ADDRESS	4 N. WASHINGTON ST		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	EASTON MD 21601		3.4 CI	TY-ST-	-ZIP			
TITLE	STD	DELETE	4.1 TI				Change Addition	
NAME	MURDOCH, MARJORIE		4.2 NA	AME.				
STREET ADDRESS	4 N. WASHINGTON ST	•	4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	EASTON MD 21601		i i	TY-ST-				
TITLE	VD DELETE 5.1		5.1 TI				Change Addition	
NAME	MURDOCH, JOHN F			AME			_ ' _ '	
- STREET ADDRESS	4 N WASHINGTON ST		1		ADDRESS			
CITY-\$T-ZIP	EASTON MD 21601	•		TY-ST-				
TITLE	2	DELETE	6.1 TI		=		Change Addition	
NAME			6.2 NA					
STREET ADDRESS					ADDRESS		İ	
í			ŀ					
CITY-ST-ZIP			0.4 Çi	TY-ST-	-Zir			

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 composition 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 or portan attachment with an address.

**SIGNATURE** 

MEWB MORDOCH

410-822-2778