

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

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

\$61.25 FILED

+ 8-99 DEC 20 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604609

1. Corporation Name

MURAN INC.

Principal Place of Business

Mailing Address

245 U.S. HWY 17 N,
BOWLING GREEN, FLA.
33834

P.O. Box 819
BOWLING GREEN, FLA.
33834

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/83

4. FEI Number
59-1225250

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESCOTT MURRELL CROFTON
NELSON ANDREW
U.S. HWY 17, N.
BOWLING GREEN, FLA. 33834

81 Name PRESCOTT MURRELL C.
82 Street Address (P.O. Box Number is Not Acceptable)
2575 SENECA DR. WEST
83
84 City AVON PARK, FLA. FL 85 Zip Code 33825

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

12/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PRESCOTT NELSON A.	2841 NW STRATFORD RD	AVON PARK FLA 33825	<input checked="" type="checkbox"/>
	PRESCOTT NELSON A.	2841 NW STRATFORD RD.	AVON PARK - FLA 33825	<input checked="" type="checkbox"/>
	PRESCOTT MURRELL C.	2575 SENECA DR. W.	AVON PARK, FLA. 33825	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	PRESCOTT, MURRELL CROFTON	2575 SENECA DR. W.	AVON PARK, FLA. 33825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
MICHAEL BROWN	VICE-PRESIDENT	1580 W. POINSETTIA RD.	AVON PARK, FLA. 33825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
LESLIE GRANGER LYLE	SECRETARY	1304 HICKORY LANE SOUTH	FT. MEADE FLA. 33841	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
TREASURER	LESLIE GRANGER LYLE	1304 HICKORY LANE SOUTH	FT MEADE, FLA. 33841	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

600003082366--4

12/28/99 01076-019

*****70.00 *****70.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/99 (863) 452-267

Date

Daytime Phone #