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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G95913** **(1)**

1. Corporation Name
MURRAY GRADALL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
111 HICKORY LANE P O BOX 6859 SEFFNER FL 33584	111 HICKORY LANE P O BOX 6859 SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 8674 CR 647 So	26 8674 CR 647 So
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BUSHNELL FLORIDA	City & State 28 BUSHNELL FLORIDA
Zip 24 33513 County 25 SUMTER	Zip 29 33513 County 30 SUMTER

4. FEI Number: **59-2428013** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURRAY, WANDA L. 111 HICKORY LANE SEFFNER FL 33584-0920	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 8674 CR 647 SO 83 BUSHNELL FLORIDA 33513 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0427 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	VD	01 TITLE	SAME ☐ Change ☐ Addition
02 NAME	MURRAY, WANDA L.	02 NAME	SAME
03 STREET ADDRESS	111 HICKORY LANE	03 STREET ADDRESS	8674 CR 647 SO
04 CITY ST ZIP	SEFFNER FL	04 CITY ST ZIP	BUSHNELL FL 33513
05 TITLE	PD	05 TITLE	SAME ☐ Change ☐ Addition
06 NAME	MURRAY, LOUIS W.	06 NAME	SAME
07 STREET ADDRESS	111 HICKORY LANE	07 STREET ADDRESS	8674 CR 647 SO
08 CITY ST ZIP	SEFFNER FL	08 CITY ST ZIP	BUSHNELL, FL 33513
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 1, 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wanda L. Murray WANDA L. MURRAY 5/17/95 (904) 723-2514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441931 FP