

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90014 038 ***563.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # H01792

1. Corporation Name
MUIRFIELD, INC.

Principal Place of Business
35534 SR 54 WEST
P.O. BOX 699
ZEPHYRHILLS FL 33541

Mailing Address
35534 SR 54 WEST
P.O. BOX 699
ZEPHYRHILLS FL 33541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 28739 Hwy (SR) 54 W
Suite, Apt. #, etc.
22
City & State
23 Wesley Chapel
Zip
24 Country
25 Pasco

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 Fla
Zip
29 Country
30 Pasco

3. Date Incorporated or Qualified
05/01/1984

4. FEI Number
59-2419050
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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PARKS, RONALD R.
35534 C.R.54
ZEPHYRHILLS FL 34248

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKS, RONALD R.	1.2 NAME	
STREET ADDRESS	3405 MORRISON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	DCV	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKS, JACK W.	2.2 NAME	
STREET ADDRESS	12720 CASEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	COUEY, STEVEN W.	3.2 NAME	
STREET ADDRESS	18112 LONGWATER RUN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	☐ Change ☐ Addition
NAME	PARKS, LUCILLE J.	4.2 NAME	
STREET ADDRESS	13824 CYPRESS VILLAGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* 7/19/99 813/782-9531

CR2E034 (5/99)