

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H28226** (9)

1. Corporation Name

MURPHY CUSTOM HOMES, INC.



Principal Place of Business

**2679 EAST RIDGE DR.
PALM HARBOR FL 34683**

Mailing Address

**2679 EAST RIDGE DR.
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified
11/01/1984

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 **4430 Wheatland Way**

Suite, Apt. #, etc.

22

City & State

23 **Palm Harbor, Fl.**

Zip

24 **34685**

Country

25 **Pinellas**

2a. Mailing Address

26 **4430 Wheatland Way**

Suite, Apt. #, etc.

27

City & State

28 **Palm Harbor, Fl.**

Zip

29 **34685**

Country

30 **Pinellas**

4. FEI Number

59-2471355

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

**AKERSON, R. BRUCE
1135 PASADENA AVENUE SOUTH
SUITE 140
ST. PETERSBURG FL 33707**

81. Name

Robert J. Myers

82. Street Address (P.O. Box Number is Not Acceptable)

SAME

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, by 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (Block 12)

Robert J. Myers

(NOTE: Registered Agent signature is required for registration)

4/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MURPHY, ROBERT E	
STREET ADDRESS	2679 EAST RIDGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MURPHY, JANICE R	
STREET ADDRESS	2679 EAST RIDGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4430 Wheatland Way
1.4 CITY-ST-ZIP	Palm Harbor, Fl. 34685
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4430 Wheatland Way
2.4 CITY-ST-ZIP	Palm Harbor, Fl. 34685
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 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)(k), 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, on an attachment with an address.

SIGNATURE:

Robert E. Murphy,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

4/12/96

813-787-5410

DATE

DAY PHONE

CR2E034 (12/95)