FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # H33532 (3)

1. Corporation Name
MURPHY CONSTRUCTION & SALES CO., INC.

Principal Place of Business
PO BOX 4469
OCALA FL 34478-4469

Mailing Address
PO BOX 4469
OCALA FL 34478-4469

3. Date Incorporated or Qualified: 12/06/1984
3a. Date of Last Report: 03/13/1995
4. FEI Number: 59-2471809 — ☐ 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

2. Principal Place of Business
21 138 Juniper Trail
Suite, Apt. #, etc.
22
City & State
23 Ocala, Florida
Zip 24 34480 — Country 25 USA

2a. Mailing Address
26 P.O.Box 4469
Suite, Apt. #, etc.
27
City & State
28 Ocala, Florida
Zip 29 34478-4469 — Country 30 USA

9. **Name and Address of Current Registered Agent**

MURPHY, JERRY
~~5190 NE 8TH ST~~ 138 Juniper Trail
~~P O BOX 4469~~
~~OCALA FL 34478-4469~~

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 138 Juniper Trail
83
84 City Ocala, Fl. FL 85 Zip Code 34480

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MURPHY, JERRY	
STREET ADDRESS	~~5190 NE 8TH ST~~	
CITY-ST-ZIP	OCALA FL ~~34470~~	
TITLE	VD	☐ DELETE
NAME	MURPHY, BARBARA S.	
STREET ADDRESS	~~5190 NE 8TH ST~~	
CITY-ST-ZIP	OCALA FL	
TITLE	S	☐ DELETE
NAME	MURPHY, KATHRYN D.	
STREET ADDRESS	~~5190 NE 8TH ST~~	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	T	☐ DELETE
NAME	KAUFMAN, MICHAEL J	
STREET ADDRESS	~~5190 NW 8TH STREET~~	
CITY-ST-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	138 Juniper Trail	
1.4 CITY-ST-ZIP	Ocala, Fl. 34480	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	138 Juniper Trail	
2.4 CITY-ST-ZIP	Ocala, Fl. 34480	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	4901 N.E. 5th Street Road	
3.4 CITY-ST-ZIP	Ocala, Fl. 34470	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	4901 N.E. 5th Street Road	
4.4 CITY-ST-ZIP	Ocala, Fl. 34470	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: Barbara S. Murphy *Barbara S. Murphy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-30-96
Daytime Phone #: 352-307-0717