

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 PM 12: 01

DOCUMENT # H90946 (5)

1. Corporation Name
R. MURRAY & ASSOCIATES, INC.

Principal Place of Business Mailing Address
8211 EMPEROR ROAD PO BOX 11184
PENSACOLA FL 32514 PENSACOLA FL 32524-1184

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/19/1985	3a. Date of Last Report 02/01/1994
4. FEI Number 59-2613382	Applied For Not Applicable
5. Certificate of Status Desired KX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 192.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent MURRAY, R. A II 189 GREENCREST DR. PONTE VEDRA BCH. FL 32082	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number Is Not Acceptable)
	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, 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 _____ (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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECAVA, JUDITH A	1.2 NAME	MURRAY, RICHARD P
STREET ADDRESS	110 FRIEDMAN RD.	1.3 STREET ADDRESS	8211 EMPEROR RD
CITY- ST- ZIP	STE. GENEVIEVE MO	1.4 CITY- ST- ZIP	PENSACOLA FL 32514
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, ANDREW R, II	2.2 NAME	
STREET ADDRESS	189 GREENCREST DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECAVA, JUDITH A.	3.2 NAME	DECAVA, JUDITH A
STREET ADDRESS	110 FRIEDMAN ROAD	3.3 STREET ADDRESS	7831 TIPPIN AVE APT A-3
CITY- ST- ZIP	STE. GENEVIEVE MO	3.4 CITY- ST- ZIP	PENSACOLA FL 32514
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(3)(b), 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 manager 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: Judith A Decava JUDITH A DECAVA FEBRUARY 6, 1995 (904) 477-4753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)