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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H90946**

(5)

1. Corporation Name

R. MURRAY & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**8211 EMPEROR ROAD
PENSACOLA FL 32514**

**PO BOX 11184
PENSACOLA FL 32524-1184**

2. Principal Place of Business

2a. Mailing Address

21 **4626 Lori Lane**

26 **P.O. Box 696**

State, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 **Pace, FL**

27
City & State
28 **Milton, FL**

Zip
24 **32571**

Country
25 **USA**

Zip
29 **32572-0696**

Country
30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, R. A II
189 GREENCREST DR.
PONTE VEDRA BCH. FL 32082**

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

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** ☐ DELETE
NAME **MURRAY, RICHARD P**
STREET ADDRESS **8211 EMPEROR RD**
CITY-STATE-ZIP **PENSACOLA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Murray, Richard P.**
1.3 STREET ADDRESS **6220 Woodward Lane, Apt. A**
1.4 CITY-STATE-ZIP **Milton, FL 32570**

TITLE **VP** ☐ DELETE
NAME **MURRAY, ANDREW R. II**
STREET ADDRESS **189 GREENCREST DRIVE**
CITY-STATE-ZIP **PONTE VEDRA BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **ST** ☐ DELETE
NAME **DECAVA, JUDITH A**
STREET ADDRESS **7831 TIPPIN AVE APT A-3**
CITY-STATE-ZIP **PENSACOLA FL**

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **DeCava, Judith A.**
3.3 STREET ADDRESS **1250 Berryhill Road, Apt. 3-D**
3.4 CITY-STATE-ZIP **Milton, FL 32571-4183**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith A. DeCava

01/22/96

904/994-3454

Date

Daytime Phone #

CR2E034 (12/95)