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 # **J23610** **(5)**

1. Corporation Name

MURDOCK MECHANICAL CONTRACTORS, INCORPORATED

Principal Place of Business	Mailing Address
MURDOCK MECHANICAL CONTR. 1444-H MARKET CIRCLE PORT CHARLOTTE FL 33953 US	C/O ROGER D. GLOVER 1444-H MARKET CIRCLE PORT CHARLOTTE FL 33953 US

3. Date Incorporated or Qualified: **07/11/1986**
3a. Date of Last Report: **04/10/1995**

4. FEI Number: **59-2692527** ☐ 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. Does corporation owe liability for intangible tax under s. 199.032, Florida Statutes? ☒ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

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

9. Name and Address of Current Registered Agent

GLOVER, ROGER D.
18409 DRIGGER AVE.
PORT CHARLOTTE FL 33948

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 617.1502, 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 of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	**PTS** **GLOVER, ROGER D.** **18409 DRIGGER AVE.** **PORT CHARLOTTE FL**	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY-ST-ZIP		☐ Change ☐ Addition
2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP		☐ Change ☐ Addition
3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP		☐ Change ☐ Addition
4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP		☐ Change ☐ Addition
5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP		☐ Change ☐ Addition
6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachments to this 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 attached, signed sheet.

SIGNATURE: Roger D Glover Roger D. Glover 3-29-96 941-625-6884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)