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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J48387 (1)

1. Corporation Name
LEATHERS, MURPHY AND SONS, INC.



Principal Place of Business
975 CATALINA ROAD
ST. AUGUSTINE FL 32086

Mailing Address
975 CATALINA ROAD
ST. AUGUSTINE FL 32086-7015

3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
03/14/1996

4. FEI Number
59-2746547

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

21 239 CAPRON RD

Suite, Apt. #, etc.

22

23 COCOA, FLORIDA

24 32927

25 BREVARD

26

27 239 CAPRON RD

28 COCOA, FLORIDA

29 32927

30 BREVARD

9. Name and Address of Current Registered Agent

LEATHERS, LORA, M

975 CATALINA ROAD

ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name LEATHERS, LORA, M.

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

239 CAPRON ROAD

83

84 City COCOA, FL

85 Zip Code 32927

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 4/14/97

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: LORA M. LEATHERS

DATE 4/14/97

DAYTIME PHONE 632-2443

CR2E034 (9/96)