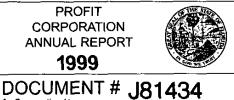
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90004 012 ***150.00

<i>i</i> iurphy's of Pensacola	, INC.	
cinal Place of Business	Mailing Address	

Prin 2668 TINOSA CIRCLE 2669 TINOSA CIRCLE PENSACOLA FL 32526 PENSACOLA FL 32526 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/01/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2830332 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip This corporation owes the current year Intangible □No 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MATTHEWS, EDSEL F., JR Street Address (P.O. Box Number is Not Acceptable) 82 308 SOUTH JEFFERSON ST. PENSACOLA FL 32501 83 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1177D F TITLE MURPHY, JIM 1.2 NAME NAME 2668 TINOSA CIRCLE 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE MURPHY, SHEILA R. 22 NAME NAME **2668 TINOSA CIRCLE** 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 with all other like empowered.

Jim Murph Pres

SIGNATURE:

4/30/99

850-994-565

6.4 CITY-ST-ZIP

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034