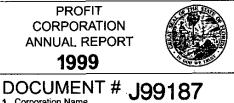
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

May 01, 1999 8:00 am Secretary of State Katherine Harris

05-01-1999 90033 038 ***150.00

-		BURN BURN BURN	11811 B1211 128
	11 16 1 1111 1 13 1 11 3 11	418): Bibli Bibli	
			1

CHARLE	S S. MURPHY FERNERY,	INC.					
Principal Plac	e of Business	Mailing Address				TITA ISEL BIBIL BIBIL BIBIL BIBIL	01011 B1011 1361
2525 PLACE POND RD. P.O. BOX 1130 P.O. BOX 1130 DELEON SPRINGS FL 32130 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					_	1	
2 Principal P	lace of Business	2a. Mailing Address			10/28/1987 4. FEI Number		pplied For
2. Fillicipal F	lace of business	26			59-1760440		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	equired
City & Stat	te	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the cu	rrent year Intangible ☐ Yes	□No
24	25		10		Personal Property Tax. 10. Name and Address of New		
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New	Kegistered Agent	
MUR	PHY, CHARLES S.				44477		
	PLACE POND RD.		82	Street Ad	dress (P.O. Box Number is Not Accep	table)	
	EON SPGS. FL 32028		83				
			<u>L</u>		- 100.7		
			84	City		FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered	igent and title if applicable. (NOTE: F	Registered Age	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO O		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MURPHY, CHARLES S.		1.2 NAME				
STREET ADDRESS	2525 PLACE POND RD.		1.3 STREE	TADORESS			
CITY-ST-ZIP	DELEON SPRINGS FL		1.4 CITY-5	ST-ZIP		Change	Addition
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	·	- ☐ Change	`
TITLE	f	☐ BEEFFIE	3.2 NAME			<u></u>	
NAME STREET ADDRESS				T ADDRESS			
•]		3.4, CITY-				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	01-211		Change	Addition
NAME			4. 2 NAME	:]			
STREET ADDRESS	,		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	·.		5.2 NAME				
STREET ADDRESS	3			T ADDRESS			
CITY-ST-ZIP	<u> </u>	D on ere	5.4 CITY-5	ST-ZIP		7.5%	T hadding
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	ET ADDRESS		•	
STREET ADDRESS	81		0.3 \$ I KEE	I WOUNESS			

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 chapter, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR