

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 # **L26428** (7)

1. Corporation Name
JEANNE BERGELIN MURPHY, CPA, P.A.



Principal Place of Business: 9200 BONITA BCH RD STE 206 BONITA SPGS FL 33923 US
Mailing Address: 9200 BONITA BCH RD STE 206 BONITA SPGS FL 33923 US

3. Date Incorporated or Qualified: 10/26/1989
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0145834	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MURPHY, FRANK P E
KEANE, MURPHY & HOUGH
800 LAUREL OAK DR STE 301
NAPLES FL 33963

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	MURPHY, JEANNE BERGELIN	1.2 NAME	
STREET ADDRESS	1106 FOREST LAKES BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: Jeanne Bergelin Murphy Pres. 4/14/96 941-495-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)