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

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

MURPHY CERTIFIED CONTRACTORS, INC.

Mailing Address

## **FILED** Jan 30 1998 8:00am Secretary of State



P.O. BOX 121 CLERMONT F		P.O. BOX 121220 CLERMONT FL 34712-122	P.O. BOX 121220 CLERMONT FL 34712-1220			
		OZZIMIOITI IZ ONIZ IZZ	•		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 06/22/1990	
2. Principal P	lace of Business	2a. Mailing Address	. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0218127	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	<del></del>		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip Country		28 Zio	Zip Country		Trust Fund Contribution	Added to Fees
24	25	29	30	у	This corporation owes or has paid the cu Personal Property Tax due June 30.	ırrent year İntangible ☐ ☐ Yes ☐ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
MURPHY, SALLY				Name		
	16 BITTEROOT CIRCLE		82	Stroot Add	Iress (P.O. Box Number is Not Acceptable)	
	RMONT FL 34711		04	Sireer Add	iless (F.O. Box Number is Not Acceptable)	
			83	3		
			84	City	<b>T</b>	85 Zip Code
## Dyggiost	to the proviolene of Continue COZ DE	00 and 607 1509. Florida Ctatut	an the char	to named ass	F.	
office or n	egistered agent, or both, in the State	e of Florida, Such change was a	os, the above	y the corpora	poration submits this statement for the purpose the appropriate the appropriate property accept the acceptance property ac	pointment as registered
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 ag	TOWN	E Backlered &	ant eignsturg regul	ired when reinstating) OATE	
12.		ND DIRECTORS	13.	Jen signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	MURPHY, SALLY		1,2 NAME			
STREET ADDRESS	11016 BITTEROOT CIRCLE		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	CLERMONT FL		1.4 CITY-	ST-ZIP		
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	MURPHY, NELSON W.		2.2 NAME			
STREET ADDRESS	11016 BITTEROOT CIRCLE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	CLERMONT FL		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		•	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			1	T ADDRESS		f
CITY - ST - ZIP		The section of the se	3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T ohana T takinin
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4, 2 NAME			
STREET ADDRESS				T ADDRESS		i
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	SI-ZIP		☐ Change ☐ Addition
NAME			5.1 IIILE 5.2 NAME			oner-go numerout
STREET ADDRESS				T ADDRESS		
			5.4 CITY-			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	91-7IL		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-SI-ZIP			6.4 CITY-	į		

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.

01/24/98

352/ 394-7022