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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M77826

1. Corporation Name

JAMES MICHAEL MURRAY, P.A.

Principal Place of Business

1311 S US 1 STE B
ROCKLEDGE FL 32955

Mailing Address

1311 S US 1 STE B
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1988

4. FEI Number

59-2887886

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1900 S. U.S. 1

Suite, Apt. #, etc.

22

City & State

23 Rockledge, FL

Zip Country

24 32955 25 U.S.A.

2a. Mailing Address

26 1900 S. U.S. 1

Suite, Apt. #, etc.

27

City & State

28 Rockledge, FL

Zip Country

29 32955 30 U.S.A.

9. Name and Address of Current Registered Agent

MURRAY, JAMES MICHAEL
1311 S US 1 STE B
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name Murray, James Michael

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

1900 S. U.S. 1

83

84 City Rockledge

FL

85 Zip Code 32955

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

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PVP
NAME MURRAY, JAMES MICHAEL
STREET ADDRESS 1311 S US 1 STE B
CITY-ST-ZIP ROCKLEDGE FL

TITLE D
NAME MURRAY, JAMES MICHAEL
STREET ADDRESS 1311 S US 1 STE B
CITY-ST-ZIP ROCKLEDGE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVP ☒ Change ☐ Addition

1.2 NAME Murray, James Michael

1.3 STREET ADDRESS 1900 S. U.S. 1

1.4 CITY-ST-ZIP Rockledge, FL 32955

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Murray, James Michael

2.3 STREET ADDRESS 1900 S. U.S. 1

2.4 CITY-ST-ZIP Rockledge, FL 32955

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 a different like empowered.

SIGNATURE:

James Michael Murray President

4/22/99

(407)6386189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)