

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/23/1988	3a. Date of Last Report 06/14/1994	
4. FEI Number 65-0054538	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 has liability for intangible tax under S. 193.032, Florida Statutes ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent

MURPHY, HENRY H
3417 OKEECHOBEE STREET
~~8854 BONTA BEACH RD., S.E.~~
NAPLES FL 33962

01	Name	Murphy, Henry, H.
02	Street Address (P.O. Box Number is Not Acceptable)	
03		3417 Okeechobee Street
04	City	NAPLES
	FL 85	Zip Code 33962

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

Administrative, financial and control matters of registered agents and title if applicable.

(NOTE: Prepared April signature required when returning)

DATE _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MURPHY, HENRY H.
STREET ADDRESS	3417 OKEECHOBEE ST
CITY - ST - ZIP	NAPLES FL
TITLE	DST
NAME	MURPHY, DIANE SUE
STREET ADDRESS	3417 OKEECHOBEE ST
CITY - ST - ZIP	NAPLES 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 THE PAST YEAR		☐ Change	☐ Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP		☐ Change	☐ Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		☐ Change	☐ Addition
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		☐ Change	☐ Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		☐ Change	☐ Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		☐ Change	☐ Addition
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP		☐ Change	☐ Addition

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: Henry H. Murphy Henry H. Murphy 4/26/95 643-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

