

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 # M95994 (3)

1. Corporation Name

RONALD T. MURPHY, P.A.



Principal Place of Business

C/O RONALD T. MURPHY
4740 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33813-2187

Mailing Address

C/O RONALD T. MURPHY
4740 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33813-2187

2. Principal Place of Business

21 5015 South Florida Avenue
Suite, Apt. #, etc.

22 Suite 400A
City & State

23 Lakeland, FL
Zip

24 33813 25 USA

2a. Mailing Address

26 P.O. Box 5955
Suite, Apt. #, etc.

27 City & State

28 Lakeland, FL
Zip

29 33807-5955 30 USA

3. Date Incorporated or Qualified
08/15/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2905635

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, RONALD T.
~~4740 CLEVELAND HEIGHTS BLVD.~~
~~LAKELAND FL 33807~~

Ronald T. Murphy
5015 S. Florida Ave.
Suite 400A
Lakeland, FL 33813

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 607.08(2), and 607.08(3)(a) of the 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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the responsibilities of, Section 607.08(3)(a) of the Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of filing

Signature, typed or printed name of registered agent and date of filing

Date

4-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
MURPHY, RONALD T.
1119 LAKEPOINT TERRACE
LAKELAND FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 registered agent or trustee employed by the corporation to prepare 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 this report.

SIGNATURE:

Signature, typed or printed name of signing officer or director

4/19/96 (941) 647-1945

Date Daytime Phone #

CR2E034 (12/95)