

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 # P92000012564 (0)

1. Corporation Name

PRICE PRICE MURPHY & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4956  
SEMINOLE FL 34645  
US

P.O. BOX 4956  
SEMINOLE FL 34645  
US

3. Date Incorporated or Qualified  
12/14/1992

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3174251

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-PRICE, NOREEN  
12733-83 AVENUE NORTH  
~~SUITE 404~~  
SEMINOLE FL 34646

81 Name MURPHY PRICE, NOREEN  
82 Street Address (P.O. Box Number is Not Acceptable)  
12733 - 83 AVENUE NORTH  
83  
84 City SEMINOLE FL 85 Zip Code 34646

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

*Noreen Murphy Price*

(NOTE: Registered Agent signature required when reinstating)

4/23/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME PRICE, DENNIS J  
STREET ADDRESS 12733 83RD AVE N.  
CITY - ST - ZIP SEMINOLE FL 34646 ☐ DELETE

1 1 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE ST  
NAME MURPHY-PRICE, NOREEN  
STREET ADDRESS 12733 83RD AVE N.  
CITY - ST - ZIP SEMINOLE FL ☐ DELETE

2 1 TITLE ☐ Change ☒ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

3 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

6 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

DATE

813-398-2927

Daytime Phone #

CR2E034 (12/95)