

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Florida Board of
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000010425 (5)**

1. Corporation Name:
A. SHAUN MURPHY & ASSOCIATES, INC.



Principal Place of Business: **9951 ATLANTIC BLVD #250 B JACKSONVILLE FL 32225**
Mailing Address: **9951 ATLANTIC BLVD #250 B JACKSONVILLE FL 32225**

2. Principal Place of Business: 21 State Apartment, 22 City & State, 23 Zip, 24 County, 25
2a. Mailing Address: 26 State Apartment, 27 City & State, 28 Zip, 29 County, 30

3. Date Incorporated or Qualified: **02/08/1993**
3a. Date of Last Report: **05/01/1995**
4. FEIN Number: **59-3165564**
5. Credit Use of Sectors 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent:
**MURPHY, SHAUN
9915 ATLANTIC BLVD #250B
JACKSONVILLE FL 32225**

81 Name, 82 Street Address (if U. Box Number is Not Acceptable), 83, 84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.011 and 607.012, Florida Statutes, the above named corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was made legal by the corporation's board of directors. The city, county and appointment as registered agent I am forming with and accept the full liability of Section 607.011, Florida Statutes.

SIGNATURE _____

12. GENERAL ADDRESSES

TYPE	<input type="checkbox"/> OFFICE
NAME	P MURPHY, SHAUN A
STREET ADDRESS	9951 ATLANTIC BLVD., #250-B
CITY, ST, ZIP	JACKSONVILLE FL 32225
TYPE	<input type="checkbox"/> OFFICE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> OFFICE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> OFFICE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> OFFICE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information furnished herein is true and correct, and that I am duly qualified and authorized to execute this statement. Section 119.07(3)(g), Florida Statutes, further certifies that the information furnished on this annual report is complete and correct. I understand that any violation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, or a person in or having control over the management of the corporation, as provided for in Section 607.011, Florida Statutes, and that my name appears in Rule 61.12 or Rule 61.14 of the Florida Board of State.

SIGNATURE: Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 704-727-0053

CR2E034 (12/95)