

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**

| | | | |
|----|--------------------------------|----|-----------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | State App. No. | 26 | State App. No. |
| 23 | City & State | 27 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | County | 30 | County |

| | | | |
|--|--|--|---------------------------------------|
| 3. | Date Incorporated or Qualified | 3a. | Date of Last Report |
| | 02/08/1993 | | 05/01/1995 |
| 4. | FILN Number | | Applied For |
| | 59-3165564 | | Not Applicable |
| 5. | Credit Use of Stature Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. | This Corporation has liability for intangible tax under s. 199.032 Florida Statutes. | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 furnishing with and accept the full liability of Section 607.01, Florida Statutes.

SIGNATURE _____

12. GENERAL ADDRESSES

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FL

| | | |
|----|----------------|---|
| 1 | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 | NAME | |
| 3 | STREET ADDRESS | |
| 4 | CITY, ST, ZIP | |
| 5 | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 | NAME | |
| 7 | STREET ADDRESS | |
| 8 | CITY, ST, ZIP | |
| 9 | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10 | NAME | |
| 11 | STREET ADDRESS | |
| 12 | CITY, ST, ZIP | |
| 13 | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14 | NAME | |
| 15 | STREET ADDRESS | |
| 16 | CITY, ST, ZIP | |

14. I do hereby certify that the information furnished to the Florida Department of State, in this filing statement, is true and correct. I further certify that the information furnished to the Florida Department of State, in this filing statement, 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 or influence over the management thereof, as provided by Chapter 607, Florida Statutes, and that my name appears in Rule 612 or Rule 613 of the Florida Rules of Civil Procedure.

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

4/16/96 704-727-0053

CR2E034 (12/95)