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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000039324 (7) **DOCUMENT #**

J.E. N	MURRAY BUILDER, INC.					
Principal Place	of Business	Mailing Address				DYRK ODNIK SOKOO TAKKO KONED HINID ENDIK DIOK KOON
PO BOX 383 PO BOX 383 ANNA MARIA FL 34216 ANNA MARIA FL 34216			34216			
					3. Date Incorporated or Qualified 05/28/1993	3a. Date of Last Report 03/06/1995
T 171		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		26	Suite, Apt. #, etc.		65-0405959	Not Applicable
22		27 SJILE, AÇIL, #, EIG.	n		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	8		Trust Fund Contribution	Added to Fees
<i>Ζ</i> ιρ	Country	Zip	Countr	у	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29	30			No
	9, Hame and Address of Corre	nt negistered Agent	81	I Name	10. Name and Address of New F	legistered Agent
MURRA	Y, JEFFREY E					
	ARDIN AVE		82	Street Ad	dress (P.O. Box Number is Not Acceptab	ile)
	MARIA FL 34217		83	;	·	
			84	1 City	····	ne Zo Codo
				- 7		FL 85 Zip Code
familiar with	of the provisions of Sections 607,000 dagent, or both, in the State of Fior a, and accept the obligations of, Sec	nda. Such change was authorition 607.0505, Horida Statu	orized by the corp tes.	poration's bo	oration submits this statement for the pur pard of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
12.	OFFICERS AN	I DISTRICTORS	(NOTe: Registered Age	od signature recor	ADDITIONS/CHANGES TO OFF	DATE
THLE	P DELETE JEFFREY E. MURRAY		1 1 Till (F	·	ADDITIONS/OF ANGLO TO OT	Change Addition
NAME			1.2 NAME			
STREET ADDRESS	321 HARDIN AVE		13 STREE	1 AL/ORESS		
CHY-ST-ZIP	ANNA MARIA FL 34216	- · · · · · · · · · · · · · · · · · · ·	1.4 C/TY-	ST-ZIP		
TIT; E		☐ DELETE	2 1 TiTuE			Change Addit on
NAME			2.2 NAME			
STREET ADDRESS				ADDRESS		·
DITY ST ZIP		☐ DELETE	2.4 CFY - 3.1 TITLE			Characa
NAME		L.J et a t	3.2 NAME			Charge Addition
STREET ADDRESS				L ADDRESS		
CIRY-ST ZIP			3.4 C-11-	- 1		
TITLE		☐ DELETE	4 1 T TLE		***	Change Addition
NAME			4.2 NAME			_ o mag justings
STREET ADDRESS				LADDRESS		
C TY -ST - Z:P			4 4 City -			
T-TLF	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5 I TITLE			Change Addition
NAME			5.2 NAME			ľ
STREET ADDRESS			5.3.\$1REF	LADDRESS		•
CITY-ST-ZIF			5 4 CiTy -	S1 - 21P		
TITLE		DELETE	δ I THILE		• • • • • • • • • • • • • • • • • • • •	Change Addition
NAME			6.2 NAME			,
STREET ADDRESS			63 STREE	LADDRESS		
DIT / DT 7:0						,

14. If 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-30 -96

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