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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000074735 (0)**

1. Corporation Name
MURPHY'S TOWING, INC.

Principal Place of Business	Mailing Address
6907 SOUTHERN BOULEVARD WEST PALM BEACH FL 33413-1629	6907 SOUTHERN BOULEVARD WEST PALM BEACH FL 33413-1629

3. Date Incorporated or Qualified: **10/27/1993**
3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0462336** ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$8.75** Ad... 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. 19... Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROCHARD, LEILANI L.
4710 HUNTING TRAIL
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere... 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Ad...
NAME	BROCHARD, LEILANI L		1.2 NAME	
STREET ADDRESS	4710 HUNTING TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAY, MAUREEN M		2.2 NAME	
STREET ADDRESS	11383 PERSIMMON BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HANNAH, ELEANOR		3.2 NAME	
STREET ADDRESS	11097 TANGERINE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33412		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CIANFRONE, MICHELE M		4.2 NAME	
STREET ADDRESS	1512 WINGATE WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA 30350		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E...

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leilani Brochard 4.29.97 5614711860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0342376