FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 15 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030652 (9)

1. Corporation Name
P & J MURPHY, INC.

Principal Place of Business	Mailing Address
ROUTE 1 BOX 107-H-1 LAKE CITY FL 32055	ROUTE 1 BOX 107-H-1 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report: FIRST REPORT.

2. Principal Place of Business	2a. Mailing Address
21 RTI BOX 107H1	26 RTI BOX 107 H1
22 Suite, Apt. #, etc: —	27 Suite, Apt. #, etc: —
23 City & State: LAKE CITY FL.	28 City & State: LAKE CITY FL
24 Zip: 32055 25 Country: COLUMBIA	29 Zip: 32055 30 Country: COLUMBIA

4. FEI Number: ☒ 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 I DON'T KNOW

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURPHY, PATRICK F ROUTE 1 BOX 107-H-1 LAKE CITY FL 32055	01 Name: — 02 Street Address (P.O. Box Number is Not Acceptable): 03: 04 City: FL 05 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 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: Patrick F Murphy — DATE: 5.5.95
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 D NAME MURPHY, PATRICK F STREET ADDRESS ROUTE 1 BOX 107-H-1 CITY-ST-ZIP LAKE CITY FL 32055	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE D NAME MURPHY, JESSIE MAE STREET ADDRESS ROUTE 1 BOX 107-H-1 CITY ST ZIP LAKE CITY FL 32055	21 TITLE ☐ Change ☐ Addition 22 NAME 100001490551 23 STREET ADDRESS -05/17/95--01042--019 24 CITY-ST-ZIP ****225.00 ****225.00
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP ITEM #4 THE ONLY NUMBER I KNOW ABOUT IS THE FED TAX-PAYER IDENTIFYING NUMBER WHICH IS: 59-3222848	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 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)(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: Patrick F Murphy — 5.5.95 — (904) 758-7628
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Jessie Mae Murphy

0401233 FP