

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000037654 (8)**

1. Corporation Name

LEVITT & MURRELL, INC.

Principal Place of Business

ATTN: DEBORAH L. LANGEN
375 COMMERCE PARKWAY, SUITE 201
ROCKLEDGE FL 32955

Mailing Address

ATTN: DEBORAH L. LANGEN
375 COMMERCE PARKWAY, SUITE 201
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1994

4. FEI Number

59-3250170

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BUCHANAN, MARK S
317 RIVEREDGE BLVD
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name

BUCHANAN, MARK S.

82 Street Address (P.O. Box Number is Not Acceptable)

375 COMMERCE PARKWAY

83

SUITE 201

84 City

ROCKLEDGE

FL

85 Zip Code
32955

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

Signature of registered agent or authorized officer or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME **LONG, DONALD J**
STREET ADDRESS **317 RIVEREDGE BLVD**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ DELETE

STD
NAME **BUCHANAN, MARK S**
STREET ADDRESS **317 RIVEREDGE BLVD**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ DELETE

VPD
NAME **HOUSER, DAVID W**
STREET ADDRESS **317 RIVEREDGE BLVD.**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD
NAME **LONG DONALD J**
1.2 NAME
1.3 STREET ADDRESS **375 COMMERCE PARKWAY SUITE 201**
1.4 CITY-ST-ZIP **ROCKLEDGE FLORIDA 32955**

2.1 TITLE ☒ Change ☐ Addition

STD
NAME **BUCHANAN, MARK S.**
2.2 NAME
2.3 STREET ADDRESS **375 COMMERCE PARKWAY SUITE 201**
2.4 CITY-ST-ZIP **ROCKLEDGE FLORIDA 32955**

3.1 TITLE ☒ Change ☐ Addition

VPD
NAME **HOUSER, DAVID W.**
3.2 NAME
3.3 STREET ADDRESS **375 COMMERCE PARKWAY SUITE 201**
3.4 CITY-ST-ZIP **ROCKLEDGE FLORIDA**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 no 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 in change or on an attachment with an address.

SIGNATURE:

4-30-98

(407)
631-0070

CR2E034 (10/97)