

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000051726 (5)**

1. Corporation Name

THE MULBERRY RESTAURANT & LOUNGE, INC.



Principal Place of Business

Mailing Address

905 E. CANAL ST.
MULBERRY FL 33860

P. O. BOX 555
MULBERRY FL 33860-0555
US

3. Date Incorporated or Qualified

07/08/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 P.O. BOX 1108

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3251930

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

9. Name and Address of Current Registered Agent

MURPHY, MICHAEL G
905 E. CANAL ST.
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name

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

3000 HWY 37 SOUTH

83

84 City MULBERRY

FL

85 Zip Code 33860

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MURPHY, MICHAEL G
STREET ADDRESS P. O. BOX 138
CITY-ST-ZIP MULBERRY FL

TITLE D ☐ DELETE
NAME JAMES G. MURPHY
STREET ADDRESS CRESCENT LAKE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS PO BOX 1108 NA
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME D
33 STREET ADDRESS MICHAEL F MURPHY
34 CITY-ST-ZIP P.O.B. 138 NA
MULBERRY FL 33860

41 TITLE ☐ Change ☒ Addition
42 NAME D
43 STREET ADDRESS VICTORIA MURPHY
44 CITY-ST-ZIP P.O.B. 138 NA
MULBERRY FL 33860

51 TITLE ☐ Change ☒ Addition
52 NAME D
53 STREET ADDRESS SEAN G. MURPHY
54 CITY-ST-ZIP P.O.B. 138 NA
MULBERRY FL 33860

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *M. G. MURPHY* M. G. MURPHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JUN 96 941-425-9611
Date Daytime Phone #

CR2E034 (3/96)