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May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P95000020440 (0)

1. Corporation Name
MURDOCK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4741 ATLANTIC BLVD., SUITE B-5 JACKSONVILLE FL 32207-2168	4741 ATLANTIC BLVD., SUITE B-5 JACKSONVILLE FL 32207-2168

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business
21 **9220 Lem Turner Road**
Suite, Apt. #, etc.
22
City & State
23 **Jacksonville, FL**
Zip 24 **32208** Country 25

2a. Mailing Address
26 **9220 Lem Turner Road**
Suite, Apt. #, etc.
27
City & State
28 **Jacksonville, FL**
Zip 29 **32208** Country 30

4. FEI Number: **59-3368791** ☐ 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

GRISSETT, W.E. JR.
4741 ATLANTIC BLVD., SUITE B-5
JACKSONVILLE FL 32207-2168

10. Name and Address of New Registered Agent

81 Name: **Christopher M. Murdock**
82 Street Address (P.O. Box Number is Not Acceptable): **9220 Lem Turner Road**
83
84 City: **Jacksonville** **FL** 85 Zip Code: **32208**

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] 5.19.97
Signature, typed or printed name, of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	MURDOCK, KELLY D.		1.2 NAME	
STREET ADDRESS	9220 LEM TURNER ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	32208
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	MURDOCK, CHRISTOPHER M.		2.2 NAME	
STREET ADDRESS	9220 LEM TURNER ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	32208
TITLE	ASD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRISSETT, W.E. JR.		3.2 NAME	
STREET ADDRESS	4741 ATLANTIC BLVD., SUITE B-5		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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	

CR2E034 (9/96)

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: Christopher M. Murdock **CHRISTOPHER M. MURDOCK, SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #