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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90118 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049067

1. Corporation Name

EP DEVELOPMENT CORP.

Principal Place of Business

**2822 NORWOOD LANE
VENICE FL 34292
US**

Mailing Address

**2822 NORWOOD LANE
VENICE FL 34292
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1995

4. FEI Number

65-0593079

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 the current year Intangible
Personal Property Tax. ☒ Yes ☒ No **PM**

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
25

29
30

9. Name and Address of Current Registered Agent

~~MURPHY, BOB
730 COMMERCE DR
VENICE FL 34292~~

10. Name and Address of New Registered Agent

81 Name

BOB MURPHY

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

2822 NORWOOD LANE

83

84 City

VENICE

FL

85 Zip Code

34292

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert T. Murphy
Signature, typed or printed name of registered agent and title if applicable

ROBERT T. MURPHY
(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KORSZEN, DOROTHY**
STREET ADDRESS **2060 LARSON STREET**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☐ DELETE

NAME **KORSZEN, BOGIE**
STREET ADDRESS **2060 LARSON STREET**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☐ DELETE

NAME **MURPHY, ROBERT T**
STREET ADDRESS **2822 NORWOOD LANE**
CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ DELETE

NAME **MURPHY, VICKIE H**
STREET ADDRESS **2822 NORWOOD LANE**
CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ DELETE

NAME **MURPHY, GERALD**
STREET ADDRESS **421 SHAMROCK DRIVE**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **D** ☐ DELETE

NAME **MURPHY, MYRIAM L**
STREET ADDRESS **2030 WHITE FEATHER LANE**
CITY-ST-ZIP **NOKOMIS FL 34275**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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, with all other like empowered.

SIGNATURE:

Robert T. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. MURPHY

Date

Daytime Phone #

3-16-99 941-484-7878

CR2E034 (11/98)