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FILED  
May 13 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 # P96000029925 (0)

1. Corporation Name  
DEBORAH W. MURPHY, INC.



Principal Place of Business

5824 BEE RIDGE ROAD  
SUITE 331  
SARASOTA FL 34233

Mailing Address

5824 BEE RIDGE ROAD  
SUITE 331  
SARASOTA FL 34233-5065

3. Date Incorporated or Qualified

03/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 1916 68TH DR E

2a. Mailing Address

26 1916 68TH DR. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ELLENTON FL

City & State

28 ELLENTON FL

Zip

24 34222

Country

25 USA

Zip

29 34222

Country

30 USA

4. FEI Number

65-0652511

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

8. Name and Address of Current Registered Agent

MURPHY, DEBORAH W  
5824 BEE RIDGE ROAD  
SUITE 331  
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name MURPHY, DEBORAH W.

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

1916 68TH DRIVE EAST

83

84 City ELLENTON

FL

85 Zip Code

34222

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MURPHY, DEBORAH W  
STREET ADDRESS 5824 BEE RIDGE ROAD  
CITY-ST-ZIP SARASOTA FL 34233

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME MURPHY, DEBORAH W.  
1.3 STREET ADDRESS 1916 68TH DRIVE EAST  
1.4 CITY-ST-ZIP ELLENTON FL 34222

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Deborah W. Murphy  
Deborah W. Murphy 4-29-97 286-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)