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

**PROFIT CORPORATION ANNUAL REPORT** 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051218 (1)

MURPHY MANAGEMENT ASSOCIATES, INC.

**FILED** Mar 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								PRE OBIOL DIVE	HOLD HERY IN	BOL OED! (AM)
232 LAFITTE CRESCENT			232 LAFITTE CRESCENT							
FT. WALTON	BEACH FL 32547	FT. WA	FT. WALTON BEACH FL 32547				DO NOT WEITT IN THE COLOR			
							DO NOT WRITI	E IN THIS S	PACE	
·····							3. Date Incorporated or Qualified 06/13/1996			
2. Principal F	Place of Business	2a. Maik	2a. Mailing Address				4. FEI Number		A	opli <b>ed For</b>
21]		26	·\$				59-3390337			ot Applicable
Suite, Apt.	#, etc.	1-	Suito, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & Stat	<u> </u>	<b>+</b>	City & State						equired	
23		_ h	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country		Zip Country			•	8. This corporation owes or has pa			
24	25	29		30	•		Personal Property Tax due June			No I
	9. Name and Address of Curre		Agent	1331			10. Name and Address of New Re			
ML	IRPHY, JOSEPH A JR.			8	1 N	ame			-	
	2 LAFITTE CRESCENT				2 St	reet Addre	et Address (P.O. Box Number is Not Acceptable)			
FT.	WALTON BEACH FL 32547					The Address (r.o. box Number is Not Acceptable)				
				[6	3					
				E	4 C	ity			<b>85</b> Zip	Code
11 Purcuant	to the provisions of Spetions 607 060	)2 and 607 160	09 Florido Statu	loo the abo		mad sorna	ration submits this statement for the	<u>FL</u>	<u>                                     </u>	·
DITICE OF I	egistered agent, or both, in the State im familiar with, and accept the oblig	FOLLIONGA Su	ich change was:	authorized	by the	corporatio	on's board of directors. I hereby acce	pt the appo	intment as	registered
SIGNATURE	<b>X</b>									
12.	Signature, typod or printed name of registered ap OFFICE RS AN			II Registered A	gent sig	mature required	d when rainstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND	DIDECTOR	0C (N) 40
TITLE	D	O Dan GIONS	DELETE	1.1 TITLE		[	ADDITIONS/CHANGES TO OFFIC	CENS AND	Change	Addition
NAME	MURPHY, JOSEPH A JR.			1.2 NAM				•		
STREET ADDRESS	232 LAFITTE CRESCENT			1.3 STRE		3656				
CITY - ST - ZIP	FT. WALTON BEACH FL 3254	47		1.4 CITY						
TITLE			DELETE	2.1 TITLE		_			Change	Addition
NAME				2.2 NAM	E					
STREET ADDRESS				2.3 STRE		RESS				
CITY-ST-ZIP				2. 4 CITY						
TITLE			DELETE	3 1 TITLE		·			Change	☐ Addition
NAME				3.2 NAM	Ē					
STREET ADDRESS				3.3 STAE	ET ADDE	RESS				
CITY - ST - ZIP				3.4. CiTY		i				
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAM	E					
STREET ADDRESS				4.3 STRE	ET ADDF	RESS				
CITY-ST-ZIP				4.4 CITY	ST-ZIP	.				
TITLE			DELETE	5.1 TITLE			`		Change	Addition
NAME				5.2 NAMI						
STREET ADDRESS				5.3 STRE	ET ADDE	RESS				
CITY-ST-ZIP				5.4 CITY	\$1-ZIP					
TITLE			DELETE	6.1 TITLE				Ţ	Change	Addition
NAME				62 NAMI	1					ľ
STREET ADDRESS				6.3 STRE	ET ADDR	IESS				
CITY+ST-ZIP				6.4 CITY						
14. I hereby c	ertify that the information supplied w	ith this filma d	oes not qualify for	or the even	ntion	stated in Si	ection 119 07(3)(i) Florida Statutes I	further cert	ify that the	information

dicated 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 ficer 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 ock 12 or Block 13 if changed, or on an attachment with an address.

(850)654-1230