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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000055026 (4)

MURRAY HILL TRANSPORTATION CORP.

Principal Place of Business

Mailing Address

1842 BRANCHWATER TRAIL

1842 BRANCHWATER TRAIL

FILED Apr 30 1998 8:00am Secretary of State



ORLANDO FL 32825 ORLANDO FL 32825 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1996 2a. Mailing Address 4, FEI Number 2. Principal Place of Business Applied For 59-3391777 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent R1 Name MURRAY, JOHN J 1842 BRANCHWATER TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32825 83 В4 Zip Code City 85 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of rog stered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE MURRAY, JOHN J 1.2 NAME NAME 1842 BRANCHWATER TRAIL 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2(P DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

14. Thereby 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 propier 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 attractional state of the corporation of th