

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056231

1. Corporation Name

Murray Manor, Inc.

Principal Place of Business

Mailing Address

15822 Hampton Village Dr.
Tampa, FL 33618

(Same)

3. Date Incorporated or Qualified

3a. Date of Last Report

July 1, 1996

4. FEI Number

Applied For

59-3431988

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

2. Principal Place of Business

2a. Mailing Address

21 (Same)

26 (Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Alan F. Gonzalez
Attorney AT LAW
1602 W. Sligh Ave, Suite 300
Tampa, FL 33604

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

5/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: Stockholder / Director
NAME: Elaine J. Ennis
STREET ADDRESS: 15822 Hampton Village Dr.
CITY- ST- ZIP: Tampa, FL 33618

☐ DELETE

11 TITLE

☐ Change ☐ Addition

TITLE: ☐ DELETE

12 NAME

TITLE: ☐ DELETE

13 STREET ADDRESS

TITLE: ☐ DELETE

14 CITY- ST- ZIP

TITLE: ☐ DELETE

21 TITLE

☐ Change ☐ Addition

TITLE: ☐ DELETE

22 NAME

TITLE: ☐ DELETE

23 STREET ADDRESS

TITLE: ☐ DELETE

24 CITY- ST- ZIP

TITLE: ☐ DELETE

31 TITLE

☐ Change ☐ Addition

TITLE: ☐ DELETE

32 NAME

TITLE: ☐ DELETE

33 STREET ADDRESS

TITLE: ☐ DELETE

34 CITY- ST- ZIP

TITLE: ☐ DELETE

41 TITLE

☐ Change ☐ Addition

TITLE: ☐ DELETE

42 NAME

TITLE: ☐ DELETE

43 STREET ADDRESS

TITLE: ☐ DELETE

44 CITY- ST- ZIP

TITLE: ☐ DELETE

51 TITLE

☐ Change ☐ Addition

TITLE: ☐ DELETE

52 NAME

TITLE: ☐ DELETE

53 STREET ADDRESS

TITLE: ☐ DELETE

54 CITY- ST- ZIP

TITLE: ☐ DELETE

61 TITLE

☐ Change ☐ Addition

TITLE: ☐ DELETE

62 NAME

000002190800

-05/27/97--01012--013

***165.00

CS

5/14/97

TITLE: ☐ DELETE

63 STREET ADDRESS

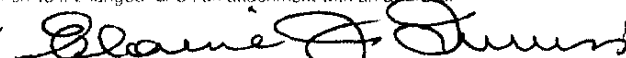
TITLE: ☐ DELETE

64 CITY- ST- ZIP

TITLE: ☐ DELETE

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:



4-18-97

813 9685440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELAINE J. INNIS

CR2E034 (9/96)