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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY - ST - ZIP

STREET ADDRESS

Block 12 or Block 13 if changed, or or

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 13 1998 8:00am

Secretary of State

Change

Addition

DOCUMENT # P9600072902 (5)

J. E. MURPHY COMPANY, INC. OF FLORIDA

Principal Place of Business Mailing Address 6440 N.W. 5TH WAY 6440 N.W. 5TH WAY FORT LAUDERDALE FL 33309-6112 FORT LAUDERDALE FL 33310 6368 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 56-0693498 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Żip Country Zφ 8. This corporation owes or has paid the current year Intangible Yes Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name PAULSEN, CLAUDETTE 6440 N.W. 5TH WAY Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33310-6368 Zip Code 84 City 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 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 orgetered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Addition Change ☐ DELETE TITLE 1.1 TITLE MURPHY, JAMES E 1.2 NAME NAME 14805 N. 73RD STREET STREET ADDRESS 1.3 STREET ADDRESS SCOTTSDALE AZ 85260-3107 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE MURPHY, JAMES L 2.2 NAME NAME 7301 OHMS LANE SUITE # 355 2.3 STREET ADDRESS STREET ADDRESS MINNEAPOLIS MN 55439 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2IP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

6.1 TITLE

6.2 NAME

14. I hereby cortify 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

DELETE

n attachni<u>ent</u> with an address.