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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED May 24, 1999 8:00 am

ANNUAL REF	(包括:###(A) (1.664.#Q)	Secretary of State DIVISION OF CORPORATIONS			Secretary of State 05-24-1999 90008 023 ***150.00			
1999	500 WE THE		URPURAT			023 ***150.	00	
DOCUMENT								
Corporation Name		1 /	n/ . n <	00.				
Mary	phy's Green	564040 - 30000						
Principal Place of Busines	ss M	ailing Address	·		- 			
11906-	1 V-Ci John Florida	USON Rd						
11/1/	Classia	DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE					
JAX,	Proce de.	32210			3. Date Incorporated or Qualifed Sept 24, 1996	o		
2. Principal Place of Bus	iness 2a	. Mailing Address			LA FEINIMPER '	Ap	plied For	
1 1906 V.	C. Johnson Rd 26	59-3403909	No	t Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	I	
City & State	27	City & State			G. Starting Commission		·	
City & State	a. 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Country	1	8. This corporation owes the current year		CINIC	
32218	25 Unva 29		30		Personal Property Tax. 10. Name and Address of New Registere	∐ Yes	L]No	
9. Name	and Address of Current Regis	tered Agent	81	Name	10. Name and Address of New Register	d Agent		
Stephen	E. lilley	1						
4206 3	aymeadows Roconville, Flo	idi	82	Street A	ddress (P.O. Box Number is Not Acceptable)			
		مان م	83					
JACKS	shuille, Flo	2221	1 📙					
		0001	/ 84	City	F	L 85 Zip (Code	
agent. I am familiar v SIGNATURE	vith, and accept the obligations of	, Section 607.0505, Flore	da Statutes	·.	ration's board of directors. I hereby accept the application of the policy of the poli			
12.	OFFICERS AND DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE		☐ DELETE	1.1 TITLE		President,	Change	☐ Addition	
NAME			1.2 NAME	1	JASON MURPHY 11964 V.C. Johnson R	7		
STREET ADDRESS			1.3 STREET ADDRESS		1196 4 V.C. Johnson	- 1		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	JACKSONVille, Flor	<u>da 3.</u>	22/8	
TITLE		☐ DELETE	. 2.1 TITLE		Vice - President	☐ Change	☐ Addition	
NAME			2.2 NAME		David W. Murphy Rd			
STREET ADDRESS	RESS		2.3 STREE	T ADDRESS	11406 V.C. Johnson Rd			
CITY-ST-ZIP				ST-ZIP	JAX, FK. 30018		T Addition	
TITLE		☐ DELETE	3.1 TITLE		Secretary Treasurer	☐ Change	☐ Addition	
NAME			3.2 NAME		Amanda Murphy Rd			
STREET ADORESS				T ADDRESS	11906 V.C. Johnson Rd JAX., Fla. 32216		ļ	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	ST-ZIP	UN X. 7 19. 02210	☐ Change	Addition	
TITLE		□ NETE IE	4.1 TITLE					
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS			Ì	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIF TE 5.1 TITLE			☐ Change	Addition	
TITLE			5.1 IIILE 5.2 NAME					
NAME				TADDRESS				
STREET ADDRESS			5.4 CITY-S	1				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME				_	
I W DEIL							,	
STREET ANDRESS			6.3 STREE	TADORESS			ł	
STREET ADDRESS CITY-ST-ZIP			6.3 STREE 6.4 CITY-S					

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 113.07(3)(i), Fronda Statutes. From the first the findicated 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR