PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000083443**

MURPHY CONSTRUCTION OF PINELLAS, INC.

Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90187 012 ***150.00



Principal Place of Business 8876 95TH STREET NORTH 8876 95TH STREET NORTH SEMINOLE FL 33777 SEMINOLE FL 33777 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/26/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3470784 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. \Box 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent NABOZNY, KIRK S Street Address (P.O. Box Number is Not Acceptable) 8876 95TH STREET NORTH SEMINOLE FL 33777 83 Zip Code 84 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 registered 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 12 NAME NABOZNY, KIRK S NAME 8876 95TH STREET NORTH 1.3 STREET ADDRESS STREET ADDRESS **SEMINOLE FL 33777** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ Change ☐ DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CfTY-ST-ZiP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

Addition

Addition

(11/98)CR2E034