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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095273 (3)

1. Corporation Name

BRYCE MURRAY ACCOUNTING & FINANCIAL PLANNING, IN
C.



Principal Place of Business

Mailing Address

~~4001 BEE RIDGE ROAD~~
~~SARASOTA FL 34233~~

~~4001 BEE RIDGE ROAD~~
~~SARASOTA FL 34233~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

65-0805144

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 2198 Princeton Street
Suite, Apt. #, etc.

2a. Mailing Address
26 2198 Princeton Street
Suite, Apt. #, etc.

23 City & State
SARASOTA, FLORIDA
24 Zip 34237
25 Country USA

27 City & State
SARASOTA, FLORIDA
29 Zip 34237
30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, BRYCE
~~4001 BEE RIDGE ROAD~~
~~SARASOTA FL 34233~~

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)
2198 Princeton Street

83

84 City SARASOTA FL 85 Zip Code 34237

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

Bryce Murray
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MURRAY, BRYCE
STREET ADDRESS 1 LITTLE MILL CLOSE, COCKERMOUTH
CITY-ST-ZIP CUMBRIA, ENGLAND CA13 9DB

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME MURRAY, MOYRA L
STREET ADDRESS 1 LITTLE MILL CLOSE, COCKERMOUTH
CITY-ST-ZIP CUMBRIA, ENGLAND CA13 9DB

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE

Bryce Murray
Signature, typed or printed name of registered agent and title if applicable

Prop.

4/20/98

961-953-2204

CR2E034 (10/97)