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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9800001681

1. Corporation Name

MURNCO, INC.

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90183 011 \*\*\*150.00



					BAIRI IIRIA SIIRI		
Principal Plac	e of Business	Mailing Address					
	NEDY BLVD. #1700	501 EAST KENNEDY BLVD. #	1700				
TAMPA FL 33602 TAMPA FL 33602				DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed			
				01/01/1998			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apı	olied For	
21 175 5th St SD 26				59-3490671	No	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #petc.			\$8.75 A	dditional	
22 Su	te 101	27 P.O. Box 17	107	5. Certifcate of Status Desired	Fee Re	quired	
City & Stal	de //	City & State	7 1	6. Election Campaign Financing	\$5.00	May Be	
23 Win 1	to a. HAVEN FL	. 28 Minter Wi	ADEN FL	Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year to	itangible		
24 338	80 IZ5 1/5A	29 33882 3	o USA	Personal Property Tax.		□No	
	9. Name and Address of Curren	<del></del>		10. Name and Address of New Registered	l Agent		
81				<del></del>			
TATE, MARK T				82 Street Address (P.O. Box Number is Not Acceptable)			
501 EAST KENNEDY BLVD. #1700			oz Street	Audress (F.O. DOX Number is Not Acceptable)			
TAMPA FL 33602			83				
					11		
			84 City	FI	85 Zip C	ode	
44 Durayant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the above-named	corporation submits this statement for the purpose of	f changing its	registered	
office or i	registered agent, or both, in the State (	of Florida. Such change was auth	norized by the corpo	oration's board of directors. I hereby accept the appo	ointment as req	gistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.				
SIGNATURE		A and field if annulation (MOTE II)	egistered Agent signature r	equired when reinstating) DATE			
40	Signature, typed or printed name of registered agen	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.	D	DELETE	1.1 TITLE	ADDITIONS/OTIANGED TO OTT IDENOVA	Change	Addition	
	LEVASSEUR, HOWARD J		1.2 NAME		_		
NAME	COA CAMPIELLY AVENUE		1.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP	WINTER HAVEN FL 33880	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	President	Change	Addition	
TITLE		□ DECE IE		PLESICENT		A. 100.0011	
NAME				, , _			
STREET ADDRESS	i		2.2 NAME	JON MURNIK		•	
CITY-ST-ZIP	<b>!</b>		2.3 STREET ADDRESS	JON MURNIK 1205 Deer TRAIL LANE	· b	•	
TITLE		PM	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	JON MURNIK 1205 Deer TRAIL LANG	(A)	A dalition	
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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 the 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or man attachment with an address, with all other like empowered.

**SIGNATURE** 

PATE AND THE A

2/2/99

941-294-8648 Daytime Phone #

CR2E034 (11/98