

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 # P98000004937
Corporation Name

MURRAY BAY, INC.

Principal Place of Business

Mailing Address

3300 BARNETT CENTER
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90005 045 ***150.00

09-09-1999 90001 032 ***558.75

6 1 3 7 4
* 6 613744-90001-32 4 *

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JANUARY 15, 1998

Principal Place of Business
101 TEABERRY PLACE

2a. Mailing Address
26 101 TEABERRY PLACE

4. FEI Number
59-3487681

Applied For
Not Applicable

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
JACKSONVILLE, FL 32259

City & State
28 JACKSONVILLE, FL 32259

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
32259 25 US

Zip Country
29 32259 30 US

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE, FL 32314

81 Name

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

83

84 City

FL

85 Zip Code

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D LOUIS VILLENEUVE ☐ DELETE
13047 WEXFORD HOLLOW ROAD
JACKSONVILLE, FL 32224

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

LOUIS VILLENEUVE ☒ Change ☐ Addition
101 TEABERRY PLACE
JACKSONVILLE, FL 32259

D JOANNE O. VILLENEUVE ☐ DELETE
13047 WEXFORD HOLLOW ROAD
JACKSONVILLE, FL 32224

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

JOANNE O. VILLENEUVE ☒ Change ☐ Addition
101 TEABERRY PLACE
JACKSONVILLE, FL 32259

☐ DELETE
ST-ADDRESS
ST-ZIP

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

☐ Change ☐ Addition

☐ DELETE
ST-ADDRESS
ST-ZIP

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

☐ Change ☐ Addition

☐ DELETE
ST-ADDRESS
ST-ZIP

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

☐ Change ☐ Addition

☐ DELETE
ST-ADDRESS
ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS VILLENEUVE, President

09/03/99 (904) 287-8452

Date

Daytime Phone #

CR2E034 (11/98)