



Katherine Harris

·			FILED	
PROFIT	FLORIDA DEPART	MENT OF STATE	Ann 22 1000 0.00 as	
CORPORATION	Katherine	Harris	Apr 23, 1999 8:00 at Secretary of State	m
ANNUAL REPORT	Secretary	of State	Secretary of State	
1999	DIVISION OF CO	RPORATIONS	Secretary of State	
DOCUMENT # P98000 1. Corporation Name MURPHY'S LANDSCAPE SUPPLY O			04-23-1999 90229 036 ***150.00	
	·			
Principal Place of Business	Mailing Address			
2750 ROOSEVELT BLVD CLEARWATER FL 33760	2750 ROOSEVELT BLVD CLEARWATER FL 33760		DO NOT WRITE IN THIS SPACE	
			3. Date incorporated or Qualifed 03/18/1998	•
2. Principal Place of Business	2a. Mailing Address		A FEI Number Applied For	
21	26		59-3555545 Not Applicable	}
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Search Sea Required	i
City & State	City & State	en Communication (The Section Co.)		<u>.</u> !
Zip Country 24 25	Zip 3	Country	B. This corporation owes the current year Intangible Personal Property Tax. Yes No	•
9. Name and Address of Curre		<u>, </u>	10. Name and Address of New Registered Agent	
AHIDDUM CHIMMA		81 Name		
MURPHY, BUNNY S 2750 ROOSEVELT BLVD		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 33760		83		
OLD WINNELT E GO. 50		[5]		į
		84 City	FL 85 Zip Code	;
affine or registered appet or both in the State	of Florida Such change was suff	KONZAN NY INA COMONINI	ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes.		
SIGNATURE Signature, typed or printed name of registered age	t and little of another the (NOTE- Re	gistered Agent signature required	when reinstating) DATE	=
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)
TILE President	☐ DELETE	1,1 TILE	☐ Change ☐ Addition	Ξ
NAME Arthur R. Kempt STREET ADDRESS 2750 ROOSEVELT B	an Anna	12NAME	•	25
STREET ADDRESS 2750 HOOSEVEIT B	ונטן.	1.3 STREET AODRESS		Ä
THE VICE-PRESIDENT	00160 . □ DELETE	1.4 CTTY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition	Ç
		22 NAME		
NAME BUNNY 2. MUYOSTREET ADDRESS 2750 ROOSEUST	F 13100.	2.3 STREET ADDRESS		ı
CITY-ST-ZP CLEARWATER FL	_ 3.37 60 _	2.4 CITY-ST-ZIP		i
TITLE	☐ DELETE	3.1 TTLE	☐ Change ☐ Addition	į
NAME	,	32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	·	
CTY-ST-ZIP	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
THLE	☐ DELETE	&1 TITLE	Change Addition	
NAME		5.2 NAME 5.3 STREET ADDRESS	·	
STREET ADDRESS	•	5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	. Change Addition	
NAME		B2 NAME	}	
STOCET ANNOCCOL	'	6.3 STREET ADDRESS	ì	

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.

6.4 CITY-ST-ZIP

STREET ADDRESS