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Mar 12, 1999 8:00 am Secretary of State

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000029736

1. Corporation Name

MURDOCK CENTER DEVELOPMENT CORPORATION

Principal Place	of Business	Mailing Address				- CARRIANN LIN INCH LACIT MELLI GALLE	##(;) ##(!# !	CHICH CHIST CHANGE C	ere <b>d d</b> erre radia
3838 TAMIAMI TRAIL NORTH #402 NAPLES FL 34103-3507		3838 TAMIAMI TRAIL NORTH #402 NAPLES FL 34103-3507							
					DO NOT WRITE	IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						03/31/1998			
2 Dringing Of	ace of Business	2a. Mailing Address				4, FEI Number		App	lied For
— ·	ace of Business	<del>-</del>				65-0832927		1	Applicable
Suite, Apt.	t oto	Suite, Apt. #, etc.	<del>.</del>					\$8.75 A	
	, etc.	27				5. Certifcate of Status Desired		Fee Rec	
City & State		City & State				6. Election Campaign Financing		\$5.00 1	May Be
23	•	28				Trust Fund Contribution		Added to	, ,
Zip	Country	Zip	Cour	ntry		8. This corporation owes the currer	nt year Inta	angible	
24	25	29	30			Personal Property Tax.		☐ Yes 〔	□Nø
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	Agent	
		<u> </u>		81	Name				
CONROY, J. THOMAS, III				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		_
	TAMIAMI TRAIL NORTH		1			•			
SUITE 402				83					
NAPLES FL 34103			F	84	City			85 Zip C	ode
			ļ			<u> </u>	<u>FL</u>		
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of in familiar with, and accept the obligat	rf Florida. Such change was au	utnorizea	DV	ne corporauo	oration submits this statement for the p n's board of directors. I hereby accept	the appoir	onanging its reg	istered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:				Agent	signature required	when reinstating)	DATE		
12.	OFFICERS ANI	<u> </u>	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	
TITLE	D,P	☐ DELETE	1.1 1111	1 F				[ ] Oh a a a a	
NAME I	•		1.7 (1)		í			Change	Addition
James A. Nashman			1.2 NA		i			Change	Addition
1 Z4040 Durne Time Drive, Dec. 2			1.2 NA	ME	ADDRESS			Change	Addition :
CITY-ST.7IP	24840 Burnt Pine Dr	rive, Ste. 2	1.2 NAI 1.3 STF	ME REET				∪nange	Addition :
CITY-ST-ZIP	24840 Burnt Pine Dr Bonita Springs, FL		1.2 NA	ME REET				☐ Change	Addition
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TITLE NAME	24840 Burnt Pine Dr Bonita Springs, FL D, V Richard B. Kepley	rive, Ste. 2 34134 DELETE	1.2 NAI 1.3 STF 1.4 CIT 2.1 TITT 2.2 NAI	ME REET IY-ST- LE LME					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	24840 Burnt Pine Dr Bonita Springs, FL D, V Richard B. Kepley 1170 Third Street S Naples, FL 34102 D, S, T, V J. Thomas Conroy, D	DELETE  S., Ste. C-200	1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	ME REET LE ME REET TY-ST	- ZIP ADORESS 1- ZIP		, us	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	24840 Burnt Pine Dr Bonita Springs, FL D, V Richard B. Kepley 1170 Third Street S Naples, FL 34102 D, S, T, V J. Thomas Conroy, D	DELETE  S., Ste. C-200	1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	REET, IY-ST LE REET, IY-ST LE REET, IY-ST	- ZIP  ADDRESS  1- ZIP  ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	24840 Burnt Pine Dr Bonita Springs, FL D, V Richard B. Kepley 1170 Third Street S Naples, FL 34102 D, S, T, V J. Thomas Conroy, 1 3838 Tamiami Trail	DELETE  34134  DELETE  3., Ste. C-200  DELETE  XII  N., Ste. 402	1.2 NA/ 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CIT 3.4 TIT/ 3.2 NA/ 3.3 STF 3.4 CIT	ME REET, IY-ST- LE ME REET, IY-ST LE ME REET, IT-ST	- ZIP  ADDRESS  1- ZIP  ADDRESS	,		☐ Change	☐ Addition
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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 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 except 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.

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

2/12/99

Thomas Conroy, ITT

(941) 649-5200