



**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90143 034 ***150.00

DOCUMENT # P98000076609

1. Corporation Name
MCMURRAY CO.

Principal Place of Business
**4212 INTERTAKE DRIVE
TAMPA FL 33624**

Mailing Address
**4212 INTERTAKE DRIVE
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1998

4. FEI Number

X 59 3531534

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

2. Principal Place of Business

21 18011 S. TAMiami
Suite, Apt. #, etc.

2a. Mailing Address

26 18011 S TAMiami
Suite, Apt. #, etc.

23 Fort Myers FL
City & State

27 Fort Myers FL
City & State

24 33908 25 USA
Zip Country

29 33908 30 USA
Zip Country

9. Name and Address of Current Registered Agent

**MURRAY, ERIC T
4212 INTERTAKE DRIVE
TAMPA FL 33624**

81 Name

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

18011 S. TAMiami

83 City

Fort Myers

FL

85 Zip Code

33908

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURRAY, LAWRENCE M	
STREET ADDRESS	4212 INTERTAKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURRAY, ERIC T	
STREET ADDRESS	4212 INTERTAKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, DIANE L	
STREET ADDRESS	4212 INTERTAKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, JEAN H	
STREET ADDRESS	4212 INTERTAKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	18011 S. TAMiami
1.4 CITY-ST-ZIP	Fort Myers, FL 33908
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	18011 S TAMiami
2.4 CITY-ST-ZIP	Fort. Myers, FL 33908
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

L. MURRAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99

Date

941-415-1122

Daytime Phone #

CR2E034 (1/198)