## 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** 

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90088 013 \*\*\*150.00

| DOCUMENT #         | P98000096509 |
|--------------------|--------------|
| 1 Corporation Name | 1 0000000000 |

J. A. MURPHY & DAUGHTERS, CORPORATION

| ,  |   |           |                            |   |  |  |
|--|---|-----------|----------------------------|---|--|--|
| Principal Place of Business  | Mailing Address   |           |                            | 1 1001(00) (40 )010) (8101 00111 00111 PUI+ PE++1   | n imite Attal Anti Ratio ian cas.                    |  |
| 3200 MARY ST#12 3200 MARY ST#12 MIAMI FL 33133 MIAMI FL 33133                                  |   |           | DO NOT WRITE IN THIS SPACE |   |  |  |
|  |   |           |                            | 3. Date Incorporated or Qualifed 11/12/1998   |  |  |
| 2. Principal Place of Business   | 2a. Mailing Address   |           |                            | 4. FEI Number<br>650876 <b>5</b> 42   | Applied For Not Applicable                           |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |           |                            | 5. Certifcate of Status Desired   | \$8.75 Additional<br>Fee Required                    |  |
| City & State   | City & State  |           |                            | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees                       |  |
| Zip Country 24 25  | Zip 29 30   | Country   | у                          | This corporation owes the current year in<br>Personal Property Tax.                               | tangible   |  |
| 9. Name and Address of Cu  | rrent Registered Agent  |           |                            | 10. Name and Address of New Registered  | I Agent  |  |
|  |   | 81        | Name                       |   |  |  |
| MURPHY, JUDITH A<br>3200 MARY ST.,#12  |   | 82        | Street Addr                | ess (P.O. Box Number is Not Acceptable)   |  |  |
| MIAMI FL 33133   |   | 83        | 3                          |   |  |  |
| •  |   | 84        | City                       | FI  | 85 Zip Code  |  |
| 11. Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St | 0502 and 607.1508, Florida Statutes, ate of Florida. Such change was auth | the above | ve-named corp              | oration submits this statement for the purpose con's board of directors. I hereby accept the appo | of changing its registered<br>pintment 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 title if applicable. (NOTE: Re  | egistered Agent signature required wh | en reinstating) | DATE                 | <del></del>   |
|----------------|--|---------------------------------------|-----------------|----------------------|---------------|
| 12             | OFFICERS AND DIRECTORS   | 13.                                   |                 | OFFICERS AND DIRECTO |               |
| TITLE          | DP DELETE  | 1.1 TITLE                             |                 | Charige -            | Addition      |
| NAME           | MURPHY, JUDITH A   | 1.2 NAME                              |                 |                      | ļ             |
| STREET ADDRESS | 3200 MARY ST.,#12  | 1.3 STREET ADORESS                    |                 |                      |               |
| CITY-ST-ZIP    | MIAMI FL 33133   | 1.4 CITY-ST-ZIP                       |                 |                      |               |
| TITLE          | <b>DVP</b> □ DELETE  | 2.1 TITLE                             |                 | ☐ Change             | ☐ Addition    |
| NAME           | JOHNSON, DIANE C   | 2.2 NAME                              |                 |                      |               |
| STREET ADDRESS | 15526 OAKHURST ST.   | 2.3 STREET ADDRESS                    |                 |                      | ł             |
| CITY-ST-ZIP    | CHINO HILLS CA 91709   | 2.4 CITY-ST-ZIP                       |                 |                      |               |
| TITLE          | DELETE   | 3.1 TITLE                             |                 | Change               | ☐ Addition    |
| NAME           |  | 3.2 NAME                              |                 |                      | [             |
| STREET ADDRESS |  | 3.3 STREET ADDRESS                    |                 |                      |               |
| CITY-ST-ZIP    | and the second s | 3.4. CITY-ST-ZIP                      |                 |                      |               |
| πιε            | ☐ DELETE   | 4.1 TITLE                             |                 | Change               | ☐ Addition    |
| NAME           |  | 4, 2 NAME                             |                 |                      | -             |
| STREET ADDRESS |  | 4.3 STREET ADDRESS                    |                 |                      |               |
| CITY-ST-ZIP    |  | 4.4 CITY-ST-ZIP                       |                 |                      | Addition      |
| TITLE          | DELETE   | 5.1 TITLE                             |                 | ☐ Change             | ☐ Magalabir } |
| NAME           |  | 5.2 NAME                              |                 |                      | }             |
| STREET ADDRESS |  | 5.3 STREET ADDRESS                    |                 |                      | }             |
| Crty-St-ZIP    |  | 5.4 CITY-ST-ZIP                       |                 |                      | Addition      |
| TITLE          | DELETE   | 6.1 TITLE                             |                 | ☐ Change             | ☐ Addition    |
| NAME           |  | 6.2 NAME                              |                 |                      |               |
| STREET ADDRESS |  | 6.3 STREET ADDRESS                    |                 |                      |               |
| CITY-ST-ZIP    |  | 6.4 CITY-ST-ZIP                       |                 |                      |               |

14. 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.

WELLOW DATED NAME OF SONING OFFICER OR DIRECTOR