FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
CORPORATE MANAGEMENT
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S14235 (3)

1. Corporate Name
MURDOCK MERCANTILE COMPANY

Principal Place of Business
1625 W MARION AVE STE 6
PUNTA GORDA FL 33951-8249

Mailing Address
1625 W MARION AVE STE 6
PUNTA GORDA FL 33951-8249

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1990
3a. Date of Last Report: 06/06/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Rm. — 22 / 27
City & State — 23 / 28
At — 24 / 29; County — 25 / 30

4. FEI Number: 65-0227825 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent
MOORE, JAMES E. III
1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950-5295

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCQUEEN, ROBERT N
STREET ADDRESS	1625 W MARION AVE
CITY, ST, ZIP	PUNTA GORDA FL
TITLE	ST
NAME	MCQUEEN, PAULA
STREET ADDRESS	1625 W MARION AVE
CITY, ST, ZIP	PUNTA GORDA FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is substantially identical and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 or I have attached a list of officers and directors with an address.

SIGNATURE: Paula H McQueen — 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0329317 CP