## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (5) S52330 MURPHY LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 2878 DICKIE CT 2878 DICKIE CT. JACKSONVILLE FL 32218 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1991 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3066289 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 28 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name MURPHY, JOSEPH T. 2742 SANDUSKY AVE E Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32216 83 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DETFTE ☐ Change ☐ Addition 1 1 TITLE MURPHY, JOSEPH T 12 NAME NAME 2878 DICKIE CT. STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 supplienced a much 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

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

(904)642 8844

Addition

Change

CRZE034