

## ANNUAL REPORT

1995

DIVISION OF CORPORATIONS

DOCUMENT # S68431

(3)

1. Corporation Name

MURPHY &amp; MEREDITH, P.A.

95 MAY -1 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

208 NORTH SIXTH STREET  
PALATKA FL 32177

Mailing Address

208 NORTH SIXTH STREET  
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1991

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3082388

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

Zip

Country

27

28

29

30

9. Name and Address of Current Registered Agent

MURPHY, RACHEL DORSETT  
208 NORTH SIXTH STREET  
PALATKA FL 32177

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

Signature typed or printed name of registered agent if not applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MURPHY, RACHEL DORSETT  
208 NORTH SIXTH ST.  
PALATKA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MEREDITH, PAUL M.  
208 NORTH SIXTH ST.  
PALATKA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or is on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL M. MEREDITH

7-26-95

904-328-787

(Type Name)