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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S70123 (2)

MURPHY & CALLAGHAN, INC.

**FILED** Apr 30 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address           |  |   |                                 |                          |                   |   | TIEN AIBN BIBN EIRN                 | OFOIT DEVIE FOOT               |
|---|--|---|---------------------------------|--------------------------|-------------------|---|-------------------------------------|--------------------------------|
| 8201 S TAMIAMI TRAIL<br>UNIT A23<br>SARASOTA FL 34238 |  | 8201 S TAMIAMI TRAIL<br>UNIT A23<br>SARASOTA FL 34238 |                                 |                          |                   | DO NOT WRITE IN   | N THIS SPACE                        |                                |
|   |  |   |                                 |                          |                   | 3. Date Incorporated or Qualified   |                                     |                                |
|   |  |   |                                 |                          |                   | 07/16/1991  |                                     | <b>,</b>                       |
| <del></del>   | ace of Business  | <u> </u>  | 2a. Mailing Address             |                          |                   | <del> </del>  |                                     | Applied For                    |
| 21  | N  | 26  |                                 |                          |                   | 65-0278992  |                                     |                                |
| Suite, Apt. :   | #, <b>9</b> 10.  |   | Suite, Apt. #, etc.             |                          |                   | 5. Certificate of Status Desired  |                                     | 5 Additional                   |
| City & Ctoto  |  | 27 Cay 8 Su   | City & State                    |                          |                   |   |                                     | Required                       |
| City & State  | •  |   | 28                              |                          |                   | Election Campaign Financing Trust Fund Contribution   |                                     | 00 May Be<br>led to Fees       |
| Zip Country   |  |   | Zip Cou                         |                          | ·                 | 8. This corporation owes or has paid the current year Intangible                              |                                     |                                |
| 24  | 25   | 29  | ¬                               |                          | ,                 | Personal Property Tax due June 30. X Yes No   |                                     |                                |
| 9. Name and Address of Current                        |  |   |                                 |                          |                   | 10. Name and Address of New Registered Agent  |                                     |                                |
| CAI   | LLAGHAN, WILLIAM   | <del>-</del>  |                                 | 81                       | Name              |   |                                     |                                |
| 8201 S. TAMIAMI TRAIL                                 |  |   |                                 |                          | Chris at As       | Ideas (D.O. Davidi maharia Nati Assantahia  |                                     |                                |
|   | RASOTA FL 34238  |   |                                 | 82                       | Street Ac         | Idress (P.O. Box Number is Not Acceptable   | ")                                  |                                |
| 121 2 <b>074</b><br>1799/17                           | MOINTE OFFICE  |   |                                 | 83                       |                   |   |                                     |                                |
|   |  |   |                                 |                          | ļ <u>.</u>        |   |                                     |                                |
|   |  |   |                                 | 84                       | City              | \$ 1. **  | FL 85 2                             | Zip Code                       |
| office or re<br>agent. I ar<br>SIGNATURE              | o the provisions of Sections 607.05 agistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered ag | e of Florida. Such c<br>gations of, Section €         | hange was au<br>607.0505, Flori | thorized b<br>da Statute | y the corpo<br>s. | orporation submits this statement for the pur<br>ration's board of directors. I hereby accept | rpose of changin<br>the appointment | g its registered as registered |
| 12.   |  | ID DIRECTORS  | <del></del>                     | 13.                      |                   | ADDITIONS/CHANGES TO OFFICE   | RS AND DIRECT                       | rors in 12                     |
| TITLE   | P  | L.  | DELETE                          | 1.1 TITLE                |                   |   | Chan                                | ge Addition                    |
| NAME  | CALLAGHAN, WILLIAM   |   |                                 | 1.2 NAME                 |                   |   |                                     |                                |
| STREET ADDRESS  | 4536 DEER TRAIL BLVD   |   |                                 | 1.3 STREE                | T ADDRESS         |   |                                     |                                |
| CITY+ST-ZIP   | SARASOTA FL  |   |                                 | 1.4 CITY-                | ST-ZIP            |   |                                     |                                |
| TITLE   | VP DELETE  |   | DELETE                          | 21 TITLE                 |                   |   | Chan                                | ge 🔲 Addition                  |
| NAME  | CALLAGHAN, GERALDINE   |   |                                 | 2.2 NAME                 |                   |   |                                     |                                |
| STREET ADDRESS  | 4536 DEER TRAIL BLVD   |   |                                 | 2.3 STREE                | T ADDRESS         |   |                                     |                                |
| CITY-ST-ZIP   | SARASOTA FL  |   |                                 | 2. 4 CITY -              | ST-ZIP            |   |                                     |                                |
| TITLE   |  | L.  | ) DELE <b>te</b>                | 3.1 TITLE                |                   |   | Chan                                | ge L. Addition                 |
| NAME  |  |   |                                 | 3.2 NAME                 |                   |   |                                     |                                |
| STREET ADDRESS  |  |   |                                 | 1                        | T ADDRESS         |   |                                     |                                |
| CITY-ST-ZIP   |  | <del>_</del>  | 1 priese                        | 3.4. CITY -              | ST-ZIP            |   | T Chan                              | an I talakkan                  |
| TITLE   |  | L.  | ] DELE <b>te</b>                | 4.1 TITLE                |                   |   | <u>∟</u> Chan                       | ge L. Addition                 |
| NAME  |  |   |                                 | 4. 2 NAME                |                   |   |                                     |                                |
| STREET ADDRESS  |  |   |                                 |                          | 1 ADDRESS         |   |                                     |                                |
| CITY-ST-ZIP   |  |   | DELETÉ                          | 4.4 CITY - 1             | ST-ZIP            |   | Chan                                | ge Addition                    |
| TITLE   |  | <b>L</b>  | JOLLEIL                         | 5.1 TITLE                | 1                 |   | L. Orlan                            | yo L. Addition                 |
| NAME<br>PERCET ADDRESS                                |  |   |                                 | 5.2 NAME                 | I ADDDECC         |   |                                     |                                |
| STREET ADDRESS  |  |   |                                 |                          | I ADDRESS         |   |                                     |                                |
| CITY-ST-ZIP   | · <del></del>  |   | DELETE                          | 5.4 CITY-5<br>6.1 TITLE  | 51-ZIP            |   | ☐ Chan                              | ge Addition                    |
| NAME  |  | <u> </u>  | JULEUIE                         | 6.2 NAME                 |                   |   |                                     | Ro TT Mantivit                 |
| i   |  |   |                                 |                          | ADDRESS           |   |                                     |                                |
| STREET ADDRESS  |  |   |                                 |                          |                   |   |                                     |                                |
| CITY-ST-ZIP   | adily that the information as == 0 = 0   | uith thus files a dean                                | not qualify for                 | 6.4 CITY-S               |                   | in Contine 110 07/2/(i) Florida Ctatuton I fu   | ethor partiful that                 | the information                |

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 informatio 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 eceiver 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 changes or or in attachment with an address.