

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S84981 (7)

1. Corporation Name

CAMPBELL & MURRAY, P.A.

Principal Place of Business

Mailing Address

406 N SECOND ST.
FT. PIERCE FL 34950
US

406 N SECOND ST.
FT. PIERCE FL 34950
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MURRAY, SEAN M.
406 N SECOND ST.
FT. PIERCE FL 34950

3. Date Incorporated or Qualified

10/04/1991

3a. Date of Last Report

05/23/1995

4. FEI Number

65-0282684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

☐ Yes

☒ No

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 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 of the person designated as registered agent and the applicable

(Signature of Registered Agent signed when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
CAMPBELL, THOMAS L
STREET ADDRESS 3953S. U.S. HIGHWAY, 1
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ DELETE

NAME D
MURRAY, SEAN M.
STREET ADDRESS 3953 S. U.S. HIGHWAY, 1
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

NAME D
CAMPBELL, THOMAS L.
STREET ADDRESS 406 N. Second Street
CITY-ST-ZIP Ft Pierce, FL 34950

21 TITLE ☒ Change ☐ Addition

NAME D
MURRAY, SEAN M.
STREET ADDRESS 406 N. SECOND STREET
CITY-ST-ZIP FT PIERCE, FL 34950

22 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN M. MURRAY

11 JUNE 96 407 467 1603

CR2E034 (3/96)