

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S92580 (7)

**1. Corporation Name
DAVID MURPHY HOMES, INC.**

**FILED
95 JUL -7 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA**

**Principal Place of Business Mailing Address
5729 PUERTA DEL SOL BLVD. SUITE 205 ST. PETERSBURG FL 33715 US
5729 PUERTA DEL SOL BLVD. SUITE 205 ST. PETERSBURG FL 33715 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/07/1991 **3a. Date of Last Report 08/02/1994**
4. FEI Number 65-0296929 **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

2. Principal Place of Business 2a. Mailing Address
21 **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent
**MURPHY, DAVID
5541 PUERTA DEL SOL BLVD.
#315
ST. PETERSBURG FL 33715**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5729 PUERTA DEL SOL BLVD #205
83
84 City ST. PETERSBURG FL 85 Zip Code 33715

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 607.0504, Florida Statutes.

SIGNATURE *David E. Murphy* **DAVID E. MURPHY** **6/30/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MURPHY, DAVID E.
STREET ADDRESS	5541 PUERTA DEL SOL #215
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	DS
NAME	MURPHY, DAVID E.
STREET ADDRESS	5541 PUERTA DEL SOL #315
CITY-ST-ZIP	ST. PETERSBURG FL
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5729 PUERTA DEL SOL #205
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33715
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5729 PUERTA DEL SOL #205
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33715
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David E. Murphy* **DAVID E. MURPHY, PRESIDENT** **6/30/95** **(813) 304-6000**
Signature, typed or printed name of signing officer or director Date My telephone #