FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V01243** **(7)**

1. Corporation Name
MURRAY BROTHERS, INC.

Principal Place of Business	Mailing Address
1306 53RD STREET WEST PALM BEACH FL 33407	1306 53RD STREET WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: 65-0303741 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURRAY, VINCENT 3754 LIGHTHOUSE DRIVE PALM BEACH GARDENS FL 33410	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	MURRAY, FRANK	12 NAME	MURRAY, VINCENT	
STREET ADDRESS	8100 NASHUA DRIVE	13 STREET ADDRESS	3754 LIGHTHOUSE DR.	
CITY-ST-ZIP	PALM BEACH GRDNS FL	14 CITY-ST-ZIP	PBG FL 33410	
TITLE	V	21 TITLE	S/T	☑ Change ☐ Addition
NAME	MURRAY, MICHAEL	22 NAME	MURRAY-SHEA, LYNN	
STREET ADDRESS	7815 78TH WAY	23 STREET ADDRESS	9756 DAHLIA AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	24 CITY-ST-ZIP	PBG FL 33410	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MURRAY, VINCENT	32 NAME		
STREET ADDRESS	3754 LIGHTHOUSE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	MURRAY-SHEA, LYNN	42 NAME		
STREET ADDRESS	9756 DAHLIA AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn Murray-Shea 4/28/95 407-845-1366
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0246676 CP