

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H28226** (9)

1. Corporation Name
MURPHY CUSTOM HOMES, INC.



Principal Place of Business: **2679 EAST RIDGE DR. PALM HARBOR FL 34683**
Mailing Address: **2679 EAST RIDGE DR. PALM HARBOR FL 34683**

3. Date Incorporated or Qualified: **11/01/1984**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business: **21 4430 Wheatland Way**
Suite, Apt. #, etc.:
22 City & State: **23 Palm Harbor, Fl.**
Zip: **24 34685** Country: **25 Pinellas**
2a. Mailing Address: **26 4430 Wheatland Way**
Suite, Apt. #, etc.:
27 City & State: **28 Palm Harbor, Fl.**
Zip: **29 34685** Country: **30 Pinellas**

4. FEI Number: **59-2471355**
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
AKERSON, R-BRUCE
1135 PASADENA AVENUE SOUTH
SUITE 140
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent
81 Name: **Robert J. Myers**
82 Street Address (P.O. Box Number is Not Acceptable): **SAME**
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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Robert J. Myers* **Robert J. Myers** 4/12/96
Signature typed or printed name of registered agent listed in Block 9. (NOTE: Registered Agent signature must be typed, including DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MURPHY, ROBERT E	
STREET ADDRESS	2679 EAST RIDGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MURPHY, JANICE R	
STREET ADDRESS	2679 EAST RIDGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4430 Wheatland Way
14 CITY-ST-ZIP	Palm Harbor, Fl. 34685
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	4430 Wheatland Way
24 CITY-ST-ZIP	Palm Harbor, Fl. 34685
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Robert E. Murphy* **Robert E. Murphy,** 4/12/96 813-787-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** (Date) (Day/State/Phone #)

CR2E034 (12/95)