Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MURPHCO OF FLORIDA 401K SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MURPHCO OF FLORIDA

PO BOX 37888
JACKSONVILLE, FL 32236

2b Employer Identification Number (EIN) 59-1414373

2c Sponsor's telephone number 904-394-7015

2d Business code (see instructions) 721110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	PHILIP W. MURPHEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MURPHCO OF FLORIDA

PO BOX 37888
JACKSONVILLE, FL 32236

3b Administrator's EIN
59-1414373

3c Administrator's telephone number
904-394-7015

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	178
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	199
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	201
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	201
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	19
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MURPHCO OF FLORIDA 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHCO OF FLORIDA

D Employer Identification Number (EIN)
59-1414373

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVESTMENTS, INC.

23-2784752

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

DAVIS DISTRIBUTORS, LLC

85-0360310

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO DISTRIBUTORS, INC.

74-1894784

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

IVY FUNDS, INC.

6300 LAMAR AVENUE
P. O. BOX 29217
SHAWNEE MISSION, KS 66201

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS FUND DISTRIBUTORS, INC.

04-2747644

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER FUNDS INC.

13-2527171

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIONEER INVESTMENT MANAGEMENT, INC

13-1961193

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THORNBURG SECURITIES CORPORATION

2300 NORTH RIDGETOP RD.
SANTA FE, NM 87506

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ADP

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 50	RECORD KEEPER	350	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 52 63	BROKERAGE	0	Yes [X] No [ ]	Yes [X] No [ ]	6055	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERRILL LYNCH PIERCE FENNER & SMITH	59 52 63	6055

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
UNAVAILABLE UNAVAILABLE UNAVAILABLE, NJ 07932	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MURPHCO OF FLORIDA 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHCO OF FLORIDA

D Employer Identification Number (EIN)
59-1414373

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		3124
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	314183	423989
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	314183	427113
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	314183	427113

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	60547	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		60547
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	101	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		101
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4419	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4419
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		62533
c Other income	2c		553
d Total income. Add all **income** amounts in column (b) and enter total	2d		128153
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14873	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14873
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	350	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		350
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15223
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		112930
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ADAMS & HARPER, P.A. (2) EIN: 59-3134587

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		32000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MURPHCO OF FLORIDA 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHCO OF FLORIDA

D Employer Identification Number (EIN)
59-1414373

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 57-1198022

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

INDEPENDENT AUDITORS' REPORT

AND

FINANCIAL STATEMENTS

of

Murphco of Florida
401(k) Savings Plan

For the Periods Ended

December 31, 2009 and 2008

Murphco of Florida
401(k) Savings Plan

Index

Independent Auditors' Report	3
Statements of Net Assets Available for Plan Benefits - Modified Cash Basis	4
Statements of Changes in Net Assets Available For Plan Benefits - Modified Cash Basis	5
Notes to Financial Statements	6 - 11
Supplemental Schedule:	
Schedule of Assets Held at Year End (Schedule H, line 4i - Form 5500)	
Year 2009	13

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American and Florida Institutes
of Certified Public Accountants

Independent Auditors' Report

To the Trustees and Participants of the
Murphco of Florida 401(k) Savings Plan

We were engaged to audit the statements of net assets available for plan benefits – modified cash basis – of Murphco of Florida 401(k) Savings Plan at December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits – modified cash basis – for the years then ended and the supplemental schedule as of and for the 2009 year then ended as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by J.P. Morgan Chase Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. The plan administrator has informed us that J.P. Morgan Chase Bank holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the existing trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the respective trustees is complete and accurate.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Adams & Harper, PA

September 10, 2010

Murphco of Florida
401(k) Savings Plan
Statements of Net Assets Available for Plan Benefits
(Modified Cash Basis)
At December 31, 2009 and 2008

ASSETS

	2009	2008
Investments at J.P. Morgan Chase Bank		
Oppenheimer Global Fund	$ 4,846	$ 2,126
Oppenheimer Small Cap Fund	-	7,689
Thornburg International Value Fund	53,597	40,396
Goldman Sachs Mid Cap Value Fund	21,286	14,591
Blackrock LG Cap Core Fund	-	12,558
Blackrock LG Cap Growth Fund	10,939	10,465
Blackrock LG Cap Value Fund	14,325	12,371
Merrill Ready Assets Trust Fund	46,758	62,265
Blackrock Global Allocation Fund	79,117	49,049
Blackrock Global Small Cap Fund	12,570	9,363
Pioneer Strategic Income Fund	35,566	9,681
Davis New York Venture Fund	-	31,746
Blackrock Government Income Fund	-	38,703
Janus Advisor Forty Fund	-	11,800
Goldman Short Duration Government Fund	41,215	528
Oppenheimer Gold and Spc Fund	5,393	851
Ivy Asset Strategy Fund	2,461	-
Janus Forty Fund	31,092	-
MFS Goverment Securities	2,293	-
Blackrock Health Sciences Opport Portfolio	2,247	-
Victory Diversified Stock	44,964	-
AIM Mid Cap Core Equity	15,320	-
TOTAL INVESTMENTS	423,989	314,183
Participant Loans	3,124	0
TOTAL ASSETS	$ 427,113	$ 314,183

NET ASSETS

NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 427,113	$ 314,183

See auditors' report and notes to financial statements

Murphco of Florida
401(k) Savings Plan
Statements of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis)
For The Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS IN NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in market value of pooled separate accounts	$ 63,087	$ -
Dividend earnings	4,419	7,939
Interest earnings	101	-
Contributions		
Participants	60,547	59,813
TOTAL ADDITIONS	128,153	67,751
DEDUCTIONS IN NET ASSETS ATTRIBUTED TO:		
Investment expenses		
Net depreciation in market value of pooled separate accounts	-	131,591
Benefits paid to participants	14,873	7,136
Administrative expenses	350	400
TOTAL DEDUCTIONS	15,223	139,127
NET INCREASE (DECREASE) IN ASSETS AVAILABLE FOR PLAN BENEFITS	112,930	(71,376)
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	314,183	385,559
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$ 427,113	$ 314,183

See auditors' report and notes to financial statements

Murphco of Florida 401(k) Savings Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE 1: DESCRIPTION OF PLAN

The following description of the Murphco of Florida 401(k) Savings Plan (the Plan) provides only general information. Interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Murphco of Florida, Inc. (the Company) established the Plan effective as of January 1, 1999. The Plan operates as a defined contribution plan. It is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, (ERISA), as amended. Employees are generally eligible to participate in the Plan after one year of service and attainment of age twenty-one. Phillip Murphey is the Plan's Trustee.

The Custodian of the Plan is J. P. Morgan Chase Bank (the Custodian). As of December 31, 2009 and 2008, the assets of the Plan are held by the Custodian in individual accounts directed by individual participants. The Custodian has been given the authority and power to, among other things, make investment decisions, borrow funds and take any other action it believes to be beneficial to the Plan so long as its authority does not exceed or restrict the primary authority of the individual participants/investors.

Each year the participants may contribute up to 40% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct their contributions into various investment options offered by the Plan. The Plan currently offers eighteen options for participants. The Company may make discretionary matching contributions in a percentage determined entirely by the Company. Presently, the Company is not contributing any matching contributions to the Plan.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The Plan reports its income and expenses on the modified cash basis of accounting. The Plan does not record employee or employer contributions or individual participant earnings until received and participant payments until the disbursement has occurred.

Investment Options

Upon enrollment in the Plan, a participant may direct employer contributions into eighteen separate accounts, which include money market, stock, bond and blended accounts. These accounts are held by the Custodian. Contributions are directed by each individual participant and may be changed at his or her discretion daily. Participants assume risks associated with the respective investments which they hold in their individual investment accounts.

Participant Accounts

Each participant's account is credited with the participant's contribution(s) plus Plan earnings or account escalations or devaluations. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance. Participants are always vested 100% in their elective contributions and the related account earnings on these elective contributions. Non – elective contributions and any related earnings are vested over 6 years, starting after year 2 with 20% and increasing in 20% increments until fully vested after 6 years.

Investment Valuation and Income Recognition

Investments are recorded at fair value as determined by quoted market prices of the securities held in the funds. Pooled separate accounts are classified as level one inputs for fair value measurement purposes as required by FASB Codification 820-10. Level one inputs are those that are observable for the asset or liability through quoted prices on active markets.

The unrealized appreciation or decline of the investments, based upon these level one inputs of values at December 31, 2009 and 2008, applied on a consistent basis, are recorded as an increase or decrease in net assets available for plan benefits. Appreciation (depreciation) of level one assets is $ 63,087 and ($ 131,591) for the years ended December 31, 2009 and 2008.

Purchases and sales of investments are recorded on a trade-date basis.

Contributions and Allocations

Contributions are recorded when received. Employee contributions (elective portion) are transferred to the Plan by ADP (the Company's payroll processor) as part of their bi-weekly payroll processing routine.

Participants are limited to annual elective contributions in the amount of $ 16,500 and $ 15,500 for 2009 and 2008, respectively. These limits are increased for any participants who are age 50 or older by the end of the respective Plan Year and wish to make a "catch up" contribution. The limits are increased by $ 5,500 and $ 5,000 for 2009 and 2008, respectively, for such "catch up contributions".

Participant Loans

Participants may borrow up to 50% of their account balance, limited to a minimum of $ 500 or a maximum of $ 50,000. The loans are secured by the balance in the participant's account and bear interest at the currently published Wall Street Journal rate plus 2%. Principal and interest is paid ratably through payroll deductions. Repayment of any loan is required within 60 months unless the proceeds are used to purchase a primary residence. Loan balances were $ 3,124 and $ 0 at December 31, 2009 and 2008, respectively.

Payment of Benefits

Benefits are recorded when paid. Benefits are payable after leaving the company due to retirement, termination, disability or death. Payment options include lump sum settlement, rollover to another qualified plan or deferral until attainment of retirement age. Benefits are payable prior to leaving the company if the participant is over 59½ or in event of specific financial hardship.

Benefit payments are subject to administrative requirements and tax withholdings, depending upon the participant's account balance, marital status and other circumstances.

Forfeitures

The forfeiture provisions do not apply to elective contributions, which are always 100% vested in participant accounts. The company has made no non-elective contributions; therefore, forfeiture provisions do not presently apply.

Expenses of the Plan

The Plan's administrative expenses are paid by either the Plan or the Company as provided by the Plan document.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Income Taxes

The Plan has received a favorable determination from the Internal Revenue Service and is therefore exempt from federal income tax under Internal Revenue Code Section 401. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Use of Estimates

The preparation of financial statements in conformity with Other Comprehensive Basis of Accounting (OCBOA) in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Vesting

Vesting of employer contributions in the participants' accounts is based on whole years of continuous service using the following schedule:

(Years) Vesting Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

In the event of death or total and permanent disability while under the Company's employment, all amounts credited to the participants as of the subsequent Plan anniversary date are considered fully vested.

Subsequent Events

The Plan has evaluated subsequent events through September 10, 2010, the date of the independent auditors' report.

NOTE 3: FINANCIAL INSTRUMENTS

Certain financial instruments potentially subject the Plan to concentrations of credit risk. These financial instruments consist of mutual funds. The Plan limits its credit risk by monitoring its accounts with what management believes to be high quality financial institutions.

NOTE 4: INFORMATION CERTIFIED BY TRUSTEES OF THE PLAN

The investments included in the statements of net assets available for plan benefits as of December 31, 2009 and 2008 and the net appreciation (depreciation) in the fair value of investments included in the statements of changes in net assets available for plan benefits for the years ended December 31, 2009 and 2008 have been derived from information certified as complete and accurate by the Custodian in accordance with ERISA requirements.

	2009	2008
J.P. Morgan Chase Bank investments at fair value; see details included in the Statements of Net Assets Available for Plan Benefits	$ 427,113	$ 314,183
Net Increase (Decrease) in Assets; see details in Statements of Changes in Net Assets Available for Plan Benefits	$ 112,930	$ (71,376)

NOTE 5: DEFERRED PAYMENTS

As of December 31, 2009 and 2008, there are 2 participants that have separated from service and are not presently active Plan participants. These former participants have vested account balances totaling approximately $ 14,155 and $ 11,525 as of December 31, 2009 and 2008. The Plan will pay out these amounts at the direction of the former participants.

NOTE 6: RELATED PARTY TRANSACTIONS

For the years ended December 31, 2009 and 2008, the Company provided certain accounting and administrative services to the Plan for which no fees were charged.

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, participants will become fully vested in their accounts.

NOTE 8: CHANGES IN FINANCIAL PRESENTATION

Certain prior year amounts may have been reclassified to conform to the current year presentation or to reflect more clearly a comparison between the two years. Such changes do not affect the balances reflected in the statement of net assets available for plan benefits (modified cash basis) or the statement of changes in net assets available for plan benefits (modified cash basis),

NOTE 9: INVESTMENTS

The following presents the investments that represent the Plan's net assets. The investments that account for 5% or more of the Plan's net assets are noted at the top:

	2009		2008	
	Net Assets	5% Test	Net Assets	5% Test
Investments, J.P. Morgan Chase Bank				
Oppenheimer Global Fund	$ 4,846	$ -	$ 2,126	$ -
Oppenheimer Small Cap Value	-	-	7,689	-
Thornburg Intl Value Fund	53,597	53,597	40,396	40,396
Goldman Sachs Mid Cap Value Fund	21,286	21,286	14,591	-
Blackrock LG Cap Core Fund	-	-	12,558	-
Blackrock LG Cap Growth Fund	10,939	-	10,465	-
Blackrock LG Cap Value Fund	14,325	-	12,371	-
Merrill Ready Assets Trust	46,758	46,758	62,265	62,265
Blackrock Global Allocation Fund	79,117	79,117	49,049	49,049
Blackrock Global Smallcap Fund	12,570	-	9,363	-
Pioneer Strategic Income	35,566	35,566	9,681	-
Davis New York Venture Fund	-	-	31,746	31,746
Blackrock Government Income Fund	-	-	38,703	38,703
Janus Advisor Forty Fund	-	-	11,800	-
Goldman Short Duration Government	41,215	41,215	528	-
Openheimer Gold and Silver	5,393	-	851	-
Ivy Asset Strategy Fund	2,461	-	-	-
Janus Forty Fund	31,092	31,092	-	-
MFS Government Securities	2,293	-	-	-
Blackrock Health Sciences Opportunity	2,247	-	-	-
Victory Diversified Stock	44,964	44,964	-	-
Aid Mid Cap Core Equity	15,320	-	-	-
Total Investments In Plan	$ 423,989	$ 353,596	$ 314,183	$ 222,159
Calculate 5% of Total Assets	$ 21,199		$ 15,709	

SUPPLEMENTAL SCHEDULE

Murphco of Florida
401(k) Savings Plan
Schedule of Assets Held at Year End (Schedule H, line 4i - Form 5500)
As of December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (Maturity Date, Rate of Interest, Collateral, Par or Maturity Value)		(d) Cost **	(e) Current Value
	Ivy Asset Strategy Fund	Registered Investment Company	112.9985	N/A	$ 2,461
	Janus Forty Fund	Registered Investment Company	1,012.4291	N/A	31,092
	MFS Government Securities	Registered Investment Company	58.8039	N/A	2,293
	Blackrock Health Sciences Opport Portfolio	Registered Investment Company	86.2186	N/A	2,247
	Oppenheimer Global Fund	Registered Investment Company	58.8039	N/A	4,846
	Goldman Short Duration Government Fund	Registered Investment Company	4,024.8955	N/A	41,215
	Victory Diversified Stock	Registered Investment Company	3,291.6899	N/A	44,964
	Thornburg International Value Fund	Registered Investment Company	2,283.6191	N/A	53,597
	Goldman Sachs Mid Cap Value Fund	Registered Investment Company	764.2962	N/A	21,286
	Blackrock LG Cap Growth Fund	Registered Investment Company	1,286.9821	N/A	10,939
	Blackrock LG Cap Value Fund	Registered Investment Company	1,139.6249	N/A	14,325
	Ready Assets Prime Money	Registered Investment Company	46,758.4400	N/A	46,758
	Oppenheimer Gold and Spc Fund	Registered Investment Company	156.9439	N/A	5,393
	Blackrock Global Allocation	Registered Investment Company	4,726.2458	N/A	79,117
	Blackrock Global Small Cap Fund	Registered Investment Company	701.4341	N/A	12,570
	Pioneer Strategic Income Fund	Registered Investment Company	3,507.5364	N/A	35,566
	Invesco Mid Cap Core Equity	Registered Investment Company	900.0932	N/A	15,320
	Participant Loans	Interest Rates (5.25% - to 5.25%)		N/A	3,124
	TOTAL INVESTMENTS				$ 427,113

Plan Name: Murphco of Florida 401(k) Savings Plan
Employer EIN: 59-1414373
Plan Number: 003

** **Cost information not required on particpant directed accounts**

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 12/31/2009

Plan Name: MURPHCO OF FLORIDA 401K SAVINGS PLAN Employer EIN: 59-1414373
Plan Number: 003 Run Date: 05/21/2010

(a)	(b)Identity of Issue, Borrower, Lessor or Similar Party	(c)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(d)Cost	(e)Current Value
	IVY ASSET STRATEGY FD - C	Registered Investment Company 112.9985	n/a	2,461.11
	JANUS FORTY FUND - C	Registered Investment Company 1,012.4291	n/a	31,091.70
	MFS GOVT SECURITIES FD-C	Registered Investment Company 227.9639	n/a	2,293.32
	BRHEALTH SCI OPPORT PORT - C	Registered Investment Company 86.2186	n/a	2,246.86
	OPPENHEIMER GLOBAL FUND - C	Registered Investment Company 97.0053	n/a	4,846.38
	GOLDMAN SHORT DUR GOV - C	Registered Investment Company 4,024.8955	n/a	41,214.93
	VICTORY DIVERSIFIED STOCK - C	Registered Investment Company 3,291.6899	n/a	44,964.48
	THORNBURG INTL VALUE FUND-C	Registered Investment Company 2,283.6191	n/a	53,596.54
	GS MID CAP VALUE FUND - C	Registered Investment Company 764.2962	n/a	21,285.65
	BLACKROCK LG CAP GROWTH - C	Registered Investment Company 1,286.9821	n/a	10,939.35
	BLACKROCK LARGE CAP VALUE - C	Registered Investment Company 1,139.6249	n/a	14,325.08
	READY ASSETS PRIME MONEY	Registered Investment Company 46,758.4400	n/a	46,758.44
	OPPENHEIMER GOLD & SPC MIN - C	Registered Investment Company 156.9439	n/a	5,392.59
	BLACKROCK GLOBAL ALLOCATION C	Registered Investment Company 4,726.2458	n/a	79,117.35
	BLACKROCK GLOB SMALL CAP - C	Registered Investment Company 701.4341	n/a	12,569.70
	PIONEER STRATEGIC INCOME - C	Registered Investment Company 3,507.5364	n/a	35,566.42
	INVESCO MID CAP CORE EQUITY C	Registered Investment Company 900.0932	n/a	15,319.59
	Participant Loans	Interest Rates (5.25% to 5.25%)	n/a	3,123.96
		TOTAL		427,113.45

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) PAGE 1

Period: 01/01/2009 through 12/31/2009

Plan Name: MURPHCO OF FLORIDA 401K SAVINGS PLAN Employer EIN: 59-1414373

Plan Number: 003 Run Date: 05/21/2010

(a)Identity of Issue, Borrower, or Similar Party	(b)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(c)Cost of Acquisitions	(d)Proceeds of Dispositions

NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE TRUSTS AND REGISTERED INVESTMENT COMPANIES.