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**Jan 27 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 503504 (3)
1. Corporation Name
DOYLE ELECTRIC SERVICES, INC.



Principal Place of Business
**8929 MAISLIN DRIVE
TAMPA FL 33637-3708**

Mailing Address
**8929 MAISLIN DRIVE
TAMPA FL 33637-6708**

3. Date Incorporated or Qualified
05/18/1976

3a. Date of Last Report
04/10/1996

4. FEI Number
59-1675039

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

21 [] Suite, Apt. #, etc.

22 [] City & State

23 [] Zip [] Country

24 [] [] 25 [] Country

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip [] Country

29 [] [] 30 [] Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARLOWE, STEVE
ONE HARBOUR PLACE
CARLTON FIELDS WARD
TAMPA FL 33602**

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **STD DOYLE, DEBORAH T.**

STREET ADDRESS **9424 BELLHAVEN ST.**

CITY - ST - ZIP **TEMPLE TERRACE FL**

TITLE DELETE

NAME **PD DOYLE, P.H., JR.**

STREET ADDRESS **9424 BELLHAVEN ST.**

CITY - ST - ZIP **TEMPLE TERRACE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **STD Doyle, Deborah T.**

1.3 STREET ADDRESS **15350 Amberly Drive #5321**

1.4 CITY - ST - ZIP **Tampa, FL 33647**

2.1 TITLE Change Addition

2.2 NAME **PD Doyle, P.H., Jr.**

2.3 STREET ADDRESS **15350 Amberly Drive #5321**

2.4 CITY - ST - ZIP **Tampa, FL 33647**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change 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 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: *P.H. Doyle* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96

(813) 989-3496

Date Daytime Phone #

CR2E034 (9/96)