

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 503504 (3)**

1. Corporation Name  
**DOYLE ELECTRIC SERVICES, INC.**



Principal Place of Business <b>8929 MAISLIN DRIVE                  TAMPA FL 33637-3708</b>	Mailing Address <b>8929 MAISLIN DRIVE                  TAMPA FL 33637-3708</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>05/18/1976</b>	
4. FEI Number <b>59-1675039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>STEVE MARLOWE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>STEPHEN D. MARLOWE, P.A.</b>
83 <b>300 S. HYDE PARK AVE., SUITE 180</b>
84 City <b>TAMPA</b> FL 85 Zip Code <b>33606</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, DEBORAH T.</b>	1.2 NAME	
STREET ADDRESS	<b>15350 AMBERLY DRIVE, #5321</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, P.H., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>15350 AMBERLY DRIVE, #5321</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>LONNIE HATCHER JR.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1102 RIFLECREST AVE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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* 4/30/98 813-989-3496

CR2E034 (10/97)