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Feb 28 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 # **H96327** **(2)**

1. Corporation Name
DOYLE MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
12855 S. BELCHER RD. UNIT #18 LARGO FL 34643	12855 S. BELCHER RD. UNIT #18 LARGO FL 33773-1638

3. Date Incorporated or Qualified: 01/29/1986
3a. Date of Last Report: 07/02/1996

2. Principal Place of Business
21: 1717 Doncaster Road
22: Suite, Apt. #, etc.
23: City & State: Clearwater, Florida
24: Zip: 34624
25: Country: USA

2a. Mailing Address
26: 1717 Doncaster Road
27: Suite, Apt. #, etc.
28: City & State: Clearwater, Florida
29: Zip: 34624
30: Country: USA

4. FEI Number: 59-2666128 ☐ 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

DOYLE, A.T.
12855 S. BELCHER RD.
SUITE 18
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name: Doyle, A.T.
82 Street Address (P.O. Box Number is Not Acceptable): 1717 Doncaster Road
83:
84 City: Florida **FL** 85 Zip Code: 34624

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: A.T. DOYLE, DIRECTOR — DATE: 2-25-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DOYLE, A.T.		1.2 NAME		
STREET ADDRESS	12855 S BELCHER RD #18		1.3 STREET ADDRESS	1717 Doncaster Road	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Clearwater, Fl 34624	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DOYLE, A.T.		2.2 NAME		
STREET ADDRESS	12855 S BELCHER RD #18		2.3 STREET ADDRESS	1717 Doncaster Road	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Clearwater, Fl 34624	
TITLE	CPD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DOYLE, REBECCA A.		3.2 NAME		
STREET ADDRESS	10785 UHNERTON RD		3.3 STREET ADDRESS	1717 Doncaster Road	
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP	Clearwater, Fl 34624	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: A.T. DOYLE — 2-25-97 — 813-524-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #