

**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
-------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # P94000083825 (7)**  
 1. Corporation Name  
**RICHARD B. BOYLE & ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2627 MCCORMICK DR 102 CLEARWATER FL 34619 US	Mailing Address 2627 MCCORMICK DR 102 CLEARWATER FL 34619 US
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>11/14/1994</b>	4. FEI Number <b>59-3280729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>2625 McCormick Dr</b> Suite, Apt #, etc. 22 <b>103</b> City & State 23 <b>CLEARWATER FL</b> Zip Country 24 <b>33759</b> 25 <b>US</b>	2a. Mailing Address 26 <b>2625 McCormick Dr</b> Suite, Apt #, etc. 27 <b>103</b> City & State 28 <b>CLEARWATER FL</b> Zip Country 29 <b>33759</b> 30 <b>US</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent  
**BOYLE, RICHARD B**  
**2627 MCCORMICK DR**  
**102**  
**CLEARWATER FL 34621**

10. Name and Address of New Registered Agent  
 81 Name **BOYLE, RICHARD B**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2625 MCCORMICK DR**  
**103**  
 84 City **CLEARWATER FL** 85 Zip Code **33759**

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>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA L BOYLE</b>	1.2 NAME	<b>LINDA L BOYLE</b>
STREET ADDRESS	<b>2627 MCCORMICK DR, 102</b>	1.3 STREET ADDRESS	<b>2625 MCCORMICK DR #103</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYLE, RICHARD B</b>	2.2 NAME	<b>BOYLE, RICHARD B</b>
STREET ADDRESS	<b>2627 MCCORMICK DR, 102</b>	2.3 STREET ADDRESS	<b>2625 MCCORMICK DR #103</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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; that 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 in any agreement with an address.

SIGNATURE: *Richard B Boyle* **RICHARD B. BOYLE** 4/30/98 725-9100 813

CR2E034 (10/97)