FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **248760** **(1)**

1. Corporation Name
COYLE -GEORGE P- AND SONS INC

Principal Place of Business	Mailing Address
2361 DENNIS ST. P O BOX 2267 JACKSONVILLE FL 32203	2361 DENNIS ST. P O BOX 2267 JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/26/1961**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-0933119** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COYLE,R W
2361 DENNIS ST
JACKSONVILLE FL

10. Name and Address of New Registered Agent

91 Name: Coyle, John Garrett
92 Street Address (P.O. Box Number is Not Acceptable): 2361 Dennis Street
93
94 City: Jacksonville FL 95 Zip Code: 32204

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: John Garrett Coyle (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	COYLE,R W	12 NAME		
STREET ADDRESS	1406 RIVER BLUFF ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	COYLE,J T	22 NAME		
STREET ADDRESS	5528 FAIR LANE	23 STREET ADDRESS	4175 Paloma Pt. Ct.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville FL	
TITLE	PSD	31 TITLE		☐ Change ☐ Addition
NAME	COYLE,JOHN GARRETT	32 NAME		
STREET ADDRESS	12695 WILDERNESS LN	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	COYLE, G. P.	42 NAME	(Delete)	
STREET ADDRESS	12427 MESA VERDE TRAIL	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	VTD	51 TITLE		☐ Change ☐ Addition
NAME	COYLE, VINCENT	52 NAME		
STREET ADDRESS	1406 RIVER BLUFF ROAD M	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J Garrett Coyle 1-26-95 904-356-4821
SIGNATURE(S) & TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0028317 CP