

FILED
Jan 21, 2003 8:00 am
Secretary of State

0022426 AY

DOCUMENT #248760

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

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

Mailing Address
2361 DENNIS ST.
P O BOX 2267
JACKSONVILLE FL 32203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-0933119

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COYLE, JOHN GARRETT
2361 DENNIS STREET
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent
Name
J. Garrett Coyle
Street Address (P.O. Box Number is Not Acceptable)
2361 Dennis St.
City
Jacksonville FL Zip Code
32204

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
COYLE,JOHN GARRETT
3882 BRAMPTON 1S CT N
JACKSONVILLE FL
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
COYLE, VINCENT
4874 EMPIRE AVENUE
JACKSONVILLE FL
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same
J. Garrett Coyle
same
same
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1-13-03 904-356-4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #