FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # (3)176465 1. Corporation Name BOYLES INVESTMENTS, INC. Mailing Address Principal Place of Business 4212 REANDING BLVD



PO BOX 2655 JACKSONVILLE FL 32203 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State		PO BOX 2655	PO BOX 2655 JACKSONVILLE FL 32203		Date Incorporated or Qualified 12/11/1953	3a. Date of Last Report 05/01/1995	
		2a. Mailing Address			4. FEI Number	Applied For	
		26			59-0703155	Not Applicable	
		State, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired \$8.75 Addit Fee Requir		
					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23] Zip	Country	Zip Country 29 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			[,**]	10. Name and Address of New Registered Agent			
<u> </u>	, Name and Address of Co	Wiene Hegisteres Agent	81	Name			
BOYLES, A	lbert j Iding blvd	,	82 Street Add		fress (P.O. Box Number is Not Acceptable)		
	ALLE FL 32210		83				
			84	City		FL 85 Zip Code	
or registered :	ne provisions of Sections 607. agent, or both, in the State of and accept the obligations of,	Florida, Such charge was a	authorized by the corpo	iamed corporatio oration's board o	n submits this statement for the pur If directors, I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am	

SIGNATURE Signate harder point in the interpretation that the diagraph at a 200 12. OFFICE RS AND DIFFECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	N 1 TITLE	Change Addition
NAME	BOYLES, BETTY V		1.2 NAME	
STREET ADDIRESS	4212 BLANDING BLVD		1.3 STREET ADDRESS	
CITY - S1 - ZiP	JACKSONVILLE, FL 32210		1.4 CHY+ST-ZIP	
TITLE	PD	☐ DELETE	2 1 TITLE	Change Addition
NAME	BOYLES, ALBERT J		2.2 NAME	
STREET ADORESS	4212 BLANDING BLVD		2.3 STREET ADDRESS	
CITY-S1-ZIP	JACKSONVILLE, FL 32210		2.4 CITY - S1 - 7-P	
1.TLF		☐ DELETE	3.1 10114	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 C+TY - S1 - Z+P	- 1/2
TITLE		DELETE	4 11TLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4.CHY+Sf+ZIP	
TITLE		DELETE	5 1 TiTLE	Crange Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - S! - 7:P			54 CITY-ST ZIF	
TITLE		DELETE	6 1 THE	Change Addition
NAME			6.2 NAME	
STREET ACCRESS			6.3 STREET ADDRESS	
JIII LE LE DE LOO				

14. If 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)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accordate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted empowered to exact this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if chapted, cypri an attachment with an addition.

SIGNATURE:

NATUME AND TYPED OR PRINTED NAME OF STONMED OFFICER OR DIRECTOR

4/3/96 (904)164.9509

;R2E034 (12/95)