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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 176465

BOYLES INVESTMENTS, INC.

							818) BLDV 1881
Principal Place	e of Business	Mailing Address			1 (05:0) 1101; 13010 0(11: 0:0:0 010:	81+1 81811 41811 B1411 A1911	
4212 BLANDING BLVD 4212 BLANDING BLVD							
PO BOX 2655 PO BOX 2655				DO NOT WRITE IN THIS SPACE			
JACKSONVILLE FL 32203 JACKSONVILLE FL 32203					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/11/1953	1 1	
<u> </u>	tace of Business	2a. Mailing Address			4. FEI Number	⊢-	oplied For
21		26			59-0703155		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T	Additional
22		27					equired
City & Stat	e .	City & State			6. Election Campaign Financing		May Be
23	·	28			Trust Fund Contribution	·	to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the curren		
24 25 29		30			□No		
	9. Name and Address of Curren	t Registered Agent		04 31	10. Name and Address of New Re	gistered Agent	
201	SEC ALBERT I		İ	81 Name			
BOYLES, ALBERT J			ı	82 Street	Address (P.O. Box Number is Not Acceptable	e)	
4212 BLANDING BLVD					<u> </u>		
JAC	KSONVILLE FL 32210			83			1
			ļ	84 City		85 Zip	Code
			-	City		FL °° Z	0000
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the ab	ove-named	corporation submits this statement for the pu	rpose of changing its	s registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was au	Jthorized	by the corpo	oration's board of directors. I hereby accept t	the appointment as re	egistered
ayeni.ra	im familiar with, and accept the congar	ilbita di, deciloti dor.dodo, i toli	ide Oteiu				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered /		required when reinstating)	DATE	
	Signature, typed or printed name of registered agen OFFICERS AN		Registered /		required when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
SIGNATURE	OFFICERS AN			Agent signature r			DRS IN 12
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6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 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 attactment with an address, with all other like empowered.

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90042 038 ***150.00