

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2361 DENNIS ST.
P O BOX 2267
JACKSONVILLE FL 32203

Mailing Address

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

4. FEI Number

59-0933119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COYLE, R W
2361 DENNIS ST
JACKSONVILLE FL

81

Name Coyle, John Garrett

82

Street Address (P.O. Box Number is Not Acceptable)

83

2361 Dennis Street

84

City Jacksonville

FL

85

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COYLE, R W
STREET ADDRESS	1406 RIVER BLUFF ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	COYLE, J T
STREET ADDRESS	5528 FAIR LANE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PSD
NAME	COYLE, JOHN GARRETT
STREET ADDRESS	12695 WILDERNESS LN
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	COYLE, G. P.
STREET ADDRESS	12427 MESA VERDE TRAIL
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VTD
NAME	COYLE, VINCENT
STREET ADDRESS	1406 RIVER BLUFF ROAD M
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	4175 Paloma Pt. Ct.
2.4 CITY - ST - ZIP	Jacksonville FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	(Delete)
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 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

J. Garrett Coyle

1-26-95

904-356-4821

(SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Signature Number