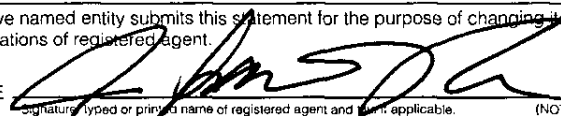
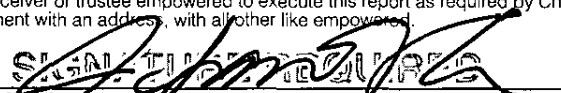


FILED
Jan 21, 2003 8:00 am
Secretary of State

0022426 AY

DOCUMENT # 248760				Secretary of State	
1. Entity Name COYLE -GEORGE P- AND SONS INC				01-21-2003 90509 011 ***150.00	
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		☐ CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0933119	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COYLE, JOHN GARRETT 2361 DENNIS STREET JACKSONVILLE FL 32204				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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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 same J. Garrett Coyle same same ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD COYLE, VINCENT 4874 EMPIRE AVENUE JACKSONVILLE FL ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			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			Date Daytime Phone #		