

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 APR 28 PM 3:19****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # 300362 (1)**1. Corporation Name
VOYLES, INC.

Principal Place of Business

Mailing Address

**55 NW 23 AVENUE
PO BOX 2010
GAINESVILLE FL 32602****55 NW 23 AVENUE
PO BOX 2010
GAINESVILLE FL 32602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/30/1965**01/27/1994**

4. FEI Number

Applied For

59-1111900

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21**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

**VOYLES, JAMES W.
55 NW 23RD AVENUE
GAINESVILLE FL 32609**

81 Name

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

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCD
VOYLES, JAMES W
1704 NW 8TH AVE
GAINESVILLE FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
VOYLES, ROBERT G
4318 SW 81ST PLACE
GAINESVILLE FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
VOYLES, ANNE H
1704 NW 8TH AVE
GAINESVILLE FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VM
ORFIELD, PHILLIP
2927 NW 68TH AVE.
GAINESVILLE FL**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Unl5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I 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 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: James W. Voyles **JAMES W. VOYLES** 1/20/95 **(904) 377-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #