

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **300362** (1)
1. Corporation Name
VOYLES, INC.



Principal Place of Business 55 NW 23 AVENUE PO BOX 2010 GAINESVILLE FL 32602	Mailing Address 55 NW 23 AVENUE PO BOX 2010 GAINESVILLE FL 32602-2010
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/30/1965	3a. Date of Last Report 04/10/1996
				4. FEI Number 59-1111900	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name CARLOUS STALVEY
82 Street Address (P.O. Box Number is Not Acceptable) 55 NW 23 AVENUE
83
84 City GAINESVILLE
85 Zip Code FL 32609

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE *[Signature]* 4/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE POD	NAME VOYLES, JAMES W	1.1 TITLE PSD	NAME CARLOUS STALVEY
STREET ADDRESS 1704 NW 8TH AVE	CITY-ST-ZIP GAINESVILLE FL	1.2 STREET ADDRESS P.O. BOX 1208	1.3 CITY-ST-ZIP STALVEY, FL 32091
TITLE VD	NAME VOYLES, ROBERT G	2.1 TITLE VTD	NAME JOYCE L. STALVEY
STREET ADDRESS 4318 SW 81ST PLACE	CITY-ST-ZIP GAINESVILLE FL	2.2 STREET ADDRESS P.O. BOX 1208	2.3 CITY-ST-ZIP STALVEY, FL 32091
TITLE STD	NAME VOYLES, ANNE H	3.1 TITLE	NAME
STREET ADDRESS 1704 NW 8TH AVE	CITY-ST-ZIP GAINESVILLE FL	3.2 STREET ADDRESS	3.3 CITY-ST-ZIP
TITLE VM	NAME ORFIELD, PHILLIP	4.1 TITLE	NAME
STREET ADDRESS 2027 NW 68TH AVE.	CITY-ST-ZIP GAINESVILLE FL	4.2 STREET ADDRESS	4.3 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 STREET ADDRESS	5.3 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 STREET ADDRESS	6.3 CITY-ST-ZIP
TITLE	NAME	7.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	7.2 STREET ADDRESS	7.3 CITY-ST-ZIP

14. I do 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 registered agent 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 *[Signature]* **CARLOUS STALVEY** 4/7/97
(352) 377-5000