

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90005 042 \*\*\*550.00

**DOCUMENT # 627037**

1. Corporation Name

**DOYLE BASEBALL, INC.**

Principal Place of Business

405 US 27 SOUTH  
PO BOX 9156  
LAKE HAMILTON FL 33851  
US

Mailing Address

PO BOX 9156  
PO BOX 9156  
WINTER HAVEN FL 33883  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/21/1979**

4. FEI Number

**59-1882786**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**DOYLE, DENNIS**  
**2994 PLANTATION RD.**  
**WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

I, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	ST	DE	1.1 TITLE	Change	Addition
WE	BASS, NANCY L	<input type="checkbox"/>	1.2 NAME		
REET ADDRESS	1019 SUNSHINE WAY		1.3 STREET ADDRESS		
Y-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
LE	DP	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
WE	DOYLE, DENNIS		2.2 NAME		
REET ADDRESS	2994 PLANTATION RD.		2.3 STREET ADDRESS		
Y-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
LE	D	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
WE	DOYLE, MARTHA		3.2 NAME		
REET ADDRESS	2994 PLANTATION RD.		3.3 STREET ADDRESS		
Y-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		
LE	VPD	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
WE	DOYLE, BRIAN		4.2 NAME		
REET ADDRESS	324 OKALOOSA DR.		4.3 STREET ADDRESS		
Y-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
LE	VPD	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
WE	DOYLE, BLAKE		5.2 NAME		
REET ADDRESS	320 GREENFIELD RD, SE		5.3 STREET ADDRESS		
Y-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
LE		<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
WE			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
Y-ST-ZIP			6.4 CITY-ST-ZIP		

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 attachment with an address.

SIGNATURE:

*NANCY L BASS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-99  
Date

941-439-2380  
Daytime Phone #

CR2E034 (5/99)