

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833345 (2)

1. Corporation Name

BOYLE ENGINEERING CORPORATION



Principal Place of Business

1501 QUAIL STREET
PO BOX 7350
NEWPORT BEACH CA 92660

Mailing Address

1501 QUAIL STREET
PO BOX 7350
NEWPORT BEACH CA 92660

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PRIME JR., KERMIT L.
320 EAST SOUTH STREET
ORLANDO FL 32801

3. Date Incorporated or Qualified
11/14/1974

3a. Date of Last Report
01/24/1995

4. FEI Number

95-1735889

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

10. Name and Address of New Registered Agent

81 Name

Salvatore D'Angelo

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

320 E. South Street

83

84 City

Orlando

FL

85 Zip Code
32801

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 Salvatore D'Angelo

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

(Not a Registered Agent signature required when changing office)

DATE

3-1-96

12. OFFICERS AND DIRECTORS

TITLE VD
NAME HARDAN, DAVID L
STREET ADDRESS 2601 F STREET
CITY-ST-ZIP BAKERSFIELD CA ☐ DELETE

TITLE VTD
NAME BARTON, JAMES A
STREET ADDRESS 1501 QUAIL STREET
CITY-ST-ZIP NEWPORT BEACH CA ☐ DELETE

TITLE S
NAME STAUFFER, KIMBERLY E
STREET ADDRESS 1501 QUAIL STREET
CITY-ST-ZIP NEWPORT BEACH CA ☐ DELETE

TITLE PD
NAME MADDOCK, T S
STREET ADDRESS 1501 QUAIL STREET
CITY-ST-ZIP NEWPORT BEACH CA ☐ DELETE

TITLE CVD
NAME KINCAID, JOHN J
STREET ADDRESS 1501 QUAIL STREET
CITY-ST-ZIP NEWPORT BEACH CA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE VD
62 NAME Salvatore D'Angelo
63 STREET ADDRESS 320 E. South St.
64 CITY-ST-ZIP Orlando, FL 32801 ☒ 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:

Kimberly E. Stauffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 714-476-3400
DATE Daytime Phone #

CR2E034 (12/95)