

FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 21 AM 8:26

DOCUMENT # F28393 (9)

1. Corporation Name

DOYLE & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

46 N. WASHINGTON BLVD.
STE. 1
SARASOTA FL 34236
US

Mailing Address

46 N. WASHINGTON BLVD.
STE. 1
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1981

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2082280

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

9. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **1605 Main Street**

Suite, Apt. #, etc.

22 **Suite 709**

City & State

23 **Sarasota, FL**

Zip

24 **34236**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 49467**

Suite, Apt. #, etc.

27

City & State

28 **SARASOTA, FL**

Country

29 **34236-6467**

Country

30

9. Name and Address of Current Registered Agent

NEVIN WEINER ATTN
LIVINGSTON PATTERSON STRICKLAND P.A.
46 NORTH WASHINGTON BLVD #1
SARASOTA FL 34236

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD**
NAME **DOYLE, MERTON G, JR**
STREET ADDRESS **P.O. BOX 49467 N/A**
CITY - ST - ZIP **SARASOTA, FL 34236-6467**

TITLE **VP**
NAME **HARNEY, ROBERT,**
STREET ADDRESS **P.O. BOX 49467 N/A**
CITY - ST - ZIP **SARASOTA FL 34236-6467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

P.O. Box 49467

SARASOTA, FL 34236-6467

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(3)(b), 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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

MERTON G. DOYLE, JR., President

4/18/95

(813) 366-3735