

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F28393

(9)

1. Corporation Name

DOYLE & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

1805 MAIN STREET
SUITE 205
SARASOTA FL 34236
US

P O BOX 49467
~~STE 1~~
SARASOTA FL 34230-6467
US

2. Principal Place of Business

21 46 N. WASHINGTON BLVD.

2a. Mailing Address

26 46 N. WASHINGTON BLVD.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUITE 1

27 SUITE 1

City & State

City & State

23 SARASOTA FLORIDA

28 SARASOTA FLORIDA

Zip

Country

Zip

Country

24 34236

25

29 34236

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DOYLE, MERTON G, JR
STREET ADDRESS P O BOX 49467
CITY - ST - ZIP SARASOTA, FL 00000

TITLE VP
NAME HARNEY, ROBERT,
STREET ADDRESS P.O. BOX 49467 N/A
CITY - ST - ZIP SARASOTA FL 34230-6467

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

SARASOTA FL 34230-6467

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

MERTON G. DOYLE, JR. President

7/15/96

System of Finance #

CR2E034 (3/96)