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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)F28393 DOYLE & ASSOCIATES, INC. Principal Place of Business Mailing Address PO BOX-3211\_ 49 46 7 SARASOTA FL 34230-3744-46 N WASHINGTON BLVD SUITE 1 SARASOTA FL 34236 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28 Zip Country Zip 29 24 25 9. Name and Address of Current Registered Agent **NEVIN WEINER ATTNY** LIVINGSTON PATTERSON STRICKLAND P.A. 46 NORTH WASHINGTON BLVD #1 SARASOTA FL 34236

**FILED** 

## May 07 1998 8:00am Secretary of State

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	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualified						
	04/01/1981						
_	4. FEI Number		Applied For				
	59-2082280		Not Applicable				
	5. Certificate of Status Desired	N	\$8.75 Additional Fee Required				
	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No						
_	to Name and Address of Nam De	-1-1	Anant				

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

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agent. I a	m familiar with, and accept the obligations of	l, Section 607.0505, Flo	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agont and into	Kanolicetile (NOT	E: Regislered Agent signature requi	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TOLE	PSTD	DELETE	1.1 TITLE	☐ Change	Addition	
NAME	DOYLE, MERTON G, JR		1.2 NAME			
STREET ADDRESS	P O BOX 2699, N/A		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34230-2699		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE	☐ Change	☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETÉ	3.1 TITLE	☐ Change	Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	Change	Addition	
NAME			4.2 NAME			
STREET ADDRESS			43 STREET ADORESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change	Addition	
NAME !			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	Change	Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
PHY. ST. 760			64 City, ST. 7IP			

14. 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 3 if changed, or or an attachment with an address.

SIGNATURE: