FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Monham ANNUAL REPORT Secretary of State 95 HAY -1 PM 12: 05 1995 DIVISION OF CORPORATIONS **DOCUMENT # F71359** (6)SECRETARY OF STATE TALIAHASSEE, FLORIDA DOYLE BUILDERS, INC. Principal Place of Business Mailing Address P.O. BOX 4516 253 SAN REMO BLVD N. LAUDERDALE FL 33068 **BOYNTON BEACH FL 33424** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/17/1982 08/01/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2199293 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Courting This corporation has liability for intangible tax under S. 199.032, Yes ☐ No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOYLE, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable) 253 SAN RENO BV N LAUDERDALE FL 33068 83 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and triu if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE 1 1 TITLE DOYLE, MICHAEL J 12 NAME HAME 253 SAN RENO BV 13 STREET ADDRESS STREET ADDRESS N LAUDERDALE FL 14 CITY-ST-ZIP CITY-ST-ZIP 33068-3925 ___ Addition Change TITLE 21 TITLE MAME DOYLE, KEVIN M 10505 CAIN CIR STREET ADDRESS 23 STREET ADDRESS DELRAY 8CH, FL 00000 33447 CITY-ST-ZIP 24 CITY - ST - ZIP Addition Change 31 TIFLE TITLE 32 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4 City - ST - ZIP CITY - ST - ZIP Addition Change TITLE 4.2 NAME HALLE 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP TITLE 5 1 TITLE [] Change Addition 5.2 DAME PLASAF STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY - ST - ZIP Change Addition 61 fifte TITLE NAME G 2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 84 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal affect as if made under early 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.

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