

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90084 003 \*\*\*150.00

DOCUMENT # F93000005947

1. Corporation Name

JOHN BOYLE & COMPANY, INCORPORATED

Principal Place of Business

1401 OLD DIXIE HWY.  
LAKE PARK FL 33403

Mailing Address

PO BOX 791  
STATESVILLE NC 28687  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1993

4. FEI Number

13-4967040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DONALD FRANK  
1019 LARCH WAY  
W. PALM BEACH FL 33414

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	BELL, JOHN B	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	FASANO, FRANK	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAEFFER, IRVING	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STELZNER, PAUL	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JON WILLIAMS,	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

(704) 872-8151

Daytime Phone #

CR2E034 (1/1/98)