FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:21

DOCUMENT # H62666 (3)

1. Corporation Name
FLINT AND DOYLE, INC.

Principal Place of Business	Mailing Address
3655 ANDERSON AVE. FT. MYERS FL 33916-606 US	3655 ANDERSON AVE. FT. MYERS FL 33916-606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1985
3a. Date of Last Report: 06/02/1994
4. FEI Number: 59-2540903 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3801 Dr Martin Luther King Blvd	26 3801 Dr Martin Luther King Jr Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Myers FL	City & State 28 Ft Myers FL
Zip 24 33916 Country 25 Lee	Zip 29 33916 Country 30 Lee

9. Name and Address of Current Registered Agent

DOYLE, THOMAS F. III
3801 MARTIN LK BL
FT. MYERS FL 33916

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: Thomas F. Doyle III Thomas F. Doyle III 22 Mar 95
(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	DV
NAME	FLINT, CHARLES W.
STREET ADDRESS	3801 DR. MARTIN LK JR BL
CITY ST ZIP	FT. MYERS FL
TITLE	DP
NAME	FLINT, CHARLES W. JR.
STREET ADDRESS	3801 DR MARTIN LK BL
CITY ST ZIP	FT. MYERS FL
TITLE	DV
NAME	DOYLE, THOMAS F. JR
STREET ADDRESS	3801 DR MARTIN LK BL
CITY ST ZIP	FT. MYERS FL
TITLE	DST
NAME	DOYLE, THOMAS F. III
STREET ADDRESS	3801 DR. MARTIN LK BL
CITY ST ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas F. Doyle III Thomas F. Doyle III 22 March 95 813-334-2192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0333067 CP