

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H78659 (0)

1. Corporation Name  
DOYLE'S GARAGE, INC.



Principal Place of Business  
U.S. HWY 17-92 @ MAGNOLIA ST  
P.O. BOX 316  
DAVENPORT FL 33837

Mailing Address  
U.S. HWY 17-92 @ MAGNOLIA ST  
P.O. BOX 316  
DAVENPORT FL 33837

3. Date Incorporated or Qualified 10/01/1985 3a. Date of Last Report 01/18/1995

4. FEI Number 59-2670985 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

WATSON, PEARLY C.  
U.S. HWY 17-92 @ MAGNOLIA ST.  
DAVENPORT FL 33837

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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D WATSON, ALLEN DOYLE <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SR #547 & LOCKE ROAD                                   | 1.2 NAME  |   |
| STREET ADDRESS             | DAVENPORT FL   | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |  | 1.4 CITY- ST- ZIP                                     |   |
| TITLE                      | PD WATSON, PEARLY C. <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SR #547 & LOCKE ROAD                                   | 2.2 NAME  |   |
| STREET ADDRESS             | DAVENPORT FL   | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |  | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      | D WATSON, ALLEN D. JR. <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SR #547 & LOCKE ROAD                                   | 3.2 NAME  |   |
| STREET ADDRESS             | DAVENPORT FL   | 3.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |  | 3.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |  | 4.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |  | 5.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |  | 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: Pearly C. Watson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 941-422-8183  
Date Daytime Phone #

CR2E034 (12/95)