

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 # J24476

(0)

1. Corporation Name

DOYLE & RODRIGUEZ, P.A.



Principal Place of Business

1700 MCMULLEN BOOTH RD.  
STE. C-5  
CLEARWATER FL 34619  
US

Mailing Address

1700 MCMULLEN BOOTH RD.  
SUITE C-5  
CLEARWATER FL 34619  
US

3. Date Incorporated or Qualified  
07/17/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 1700 Mc Mullen Booth Rd.

2a. Mailing Address

26 1700 Mc Mullen Booth Rd.

4. FEI Number

59-2703258

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

24 34619

Country

25 U.S.A.

Zip

29 34619

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERT J.  
1700 MCMULLEN BOOTH RD.  
SUITE C-5  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name  
Robert J. Rodriguez

82 Street Address (P.O. Box Number Not Acceptable)  
1700 Mc Mullen Booth Rd.

83 Suite D-1

84 City  
Clearwater,

FL

85

Zip Code  
34619

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

Robert J. Rodriguez, President

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RODRIGUEZ, ROBERT J.  
STREET ADDRESS 1700 MCMULLEN BOOTH RD., SUITE C-5  
CITY-ST-ZIP CLEARWATER FL

TITLE VD ☐ DELETE

NAME DOYLE, FRANCES G.  
STREET ADDRESS 1700 MCMULLEN BOOTH RD., SUITE C-5  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Robert J. Rodriguez

1.3 STREET ADDRESS 1700 Mc Mullen Booth Rd., Ste. D-1

1.4 CITY-ST-ZIP Clearwater, FL 34619

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Frances G. Doyle

2.3 STREET ADDRESS 1700 Mc Mullen Booth Rd., Ste. D-1

2.4 CITY-ST-ZIP Clearwater, FL 34619

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Frances G. Doyle Frances G. Doyle, Vice-Pres.

4/25/96

813-791-0801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)