

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J24476 (0)
1. Corporation Name
DOYLE & RODRIGUEZ, P.A.



Principal Place of Business 1700 MCMULLEN BOOTH RD D-1 CLEARWATER FL 34619 US	Mailing Address 1700 MCMULLEN BOOTH RD D-1 CLEARWATER FL 34619 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1611 Main St. Suite, Apt. #, etc. 22 City & State Dunedin, FL 23 Zip 34698 24 Country USA		2a. Mailing Address 26 1611 Main St. Suite, Apt. #, etc. 27 City & State Dunedin, FL 28 Zip 34698 29 Country USA		3. Date Incorporated or Qualified 07/17/1986	
4. FEI Number 59-2703258		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1611 Main St. 83 84 City Dunedin FL 85 Zip Code 34698			

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	RODRIGUEZ, ROBERT J.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	1700 MCMULLEN BOOTH RD STE D-1			1.3 STREET ADDRESS	1611 Main St.		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	VD	NAME	DOYLE, FRANCES G.	2.1 TITLE		2.2 NAME	
STREET ADDRESS	1700 MCMULLEN BOOTH RD STE D-1			2.3 STREET ADDRESS	1611 Main St.		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Frances G. Doyle
812-728-0315

CR2E034 (10/97)