

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J92691** (1)

1. Corporation Name  
**J. DOYLE ENTERPRISES, INC.**

Principal Place of Business  
**701 NORTH PALAFOX STREET  
PENSACOLA FL 32501**

Mailing Address  
**316 S. BAYLEN STREET  
SUITE #500  
PENSACOLA FL 32501  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/17/1987</b>	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number <b>59-3369562</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SOULE, THEODORE W  
316 S. BAYLEN STREET  
SUITE 500  
PENSACOLA FL 32501**

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	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, JAMIE R</b>	1.2 NAME	
STREET ADDRESS	<b>1625 FARM BROOK PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTESVILLE VA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, JAMIE R.</b>	2.2 NAME	
STREET ADDRESS	<b>701 N. PALOFOX ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, PETER R</b>	3.2 NAME	
STREET ADDRESS	<b>3800 FLINTWOOD LANE</b>	3.3 STREET ADDRESS	<b>Opelika, AL 36804</b>
CITY-ST-ZIP	<b>OPELIKA AL 36801</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, GEORGE W</b>	4.2 NAME	
STREET ADDRESS	<b>1942 MICHAEL PLACE</b>	4.3 STREET ADDRESS	<b>1625 Farm Brook Place</b>
CITY-ST-ZIP	<b>CHARLOTTESVILLE VA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, RODGER P</b>	5.2 NAME	
STREET ADDRESS	<b>4 W. GADSDEN STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	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 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:

*Peter R. Doyle* April 27, '98 334.745-4889

CR2E034 (10/97)