

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

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AND
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97 JUL 30 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K10527 (5)

1. Corporation Name

Kevan Boyles & Associates, P.A.

Principal Place of Business

Mailing Address

Kevan Boyles
4475 Medical Center Way
West Palm Beach, FL 33407
US

c/o Kevan Boyles
4475 Medical Center Way
West Palm Beach, FL 33407
US

3. Date Incorporated or Qualified
12-30-1987

3a. Date of Last Report
1-24-1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0017289

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kevan Boyles
4475 Medical Center Way
West Palm Beach, FL 33407

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPVP ☐ DELETE
NAME Boyles, Kevan K.
STREET ADDRESS 4475 Medical Center Way
CITY-ST-ZIP West Palm Beach, FL 33407

11 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE
NAME Boyles Kevan
STREET ADDRESS 4475 Medical Center Way
CITY-ST-ZIP West Palm Beach, FL 33407

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
700002257687-018
-08/05/97--01024-018
****165.00 ****165.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-297 361-844-1820

CR2E034 (9/96)