FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:53

DOCUMENT # **L60349** **(2)**

1. Corporation Name
JACQUES DOYLE, INC.

Principal Place of Business	Mailing Address
% THOMAS DOYLE 1021 SE 7TH AVE BLVD 9-#204 DANIA FL 33004	% THOMAS DOYLE 1021 SE 7TH AVE BLVD 9-#204 DANIA FL 33004 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1990
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21 TOMMY DOYLE
Suite, Apt. #, etc.
22 4412 VAN BUREN st.
City & State
23 Hollywood FL.
Zip 24 33021 Country 25 USA.

2a. Mailing Address
26 TOMMY DOYLE
Suite, Apt. #, etc.
27 4412 VAN BUREN st.
City & State
28 Hollywood FL.
Zip 29 33021 Country 30 USA

4. FEI Number: 65-0349645 ☐ 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

9. Name and Address of Current Registered Agent

DOYLE, THOMAS
1021 SE 7 AVENUE BLD 9, #204
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name: DOYLE TAMMY
82 Street Address (P.O. Box Number is Not Acceptable): 4412 VAN BUREN st.
83
84 City: Holly wood FL 85 Zip Code: 33021

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: TOMMY DOYLE P — T Doyle Jammy Doyle — 4-28-95.
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOYLE, JACQUES
STREET ADDRESS	162 MAILLOU
CITY-ST-ZIP	EUSTACHE QUEBEC CANA
TITLE	D
NAME	DOYLE, JIMMY
STREET ADDRESS	162 MAILLOU
CITY-ST-ZIP	EUSTACHE QUEBEC CANA
TITLE	D
NAME	DOYLE, THOMAS
STREET ADDRESS	1776 POLK ST #9P BOX 133
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P [redacted]	☑ Change ☐ Addition
12 NAME	DOYLE TOMMY	
13 STREET ADDRESS	4412 VAN BUREN	
14 CITY-ST-ZIP	Hollywood FL	
21 TITLE	D	☑ Change ☐ Addition
22 NAME	DOYLE TAMMY	
23 STREET ADDRESS	4412 VAN BUREN	
24 CITY-ST-ZIP	Hollywood FL	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
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		

REMITTED BY MAY 1.

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)(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: T Doyle Tommy Doyle — 4-28-95 — 305-466-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0422107 FP