

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P12618** (5)
1. Corporation Name
BOYLE INVESTMENT COMPANY



Principal Place of Business: **5900 POPLAR STREET MEMPHIS TN 38119**
Mailing Address: **5900 POPLAR STREET MEMPHIS TN 38119**

3. Date Incorporated or Qualified: **12/18/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **62-0136740**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	MORGAN, HENRY W.	
STREET ADDRESS	5900 POPLAR STREET	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/>
NAME	LOFTON, ROBERT J.	
STREET ADDRESS	5900 POPLAR STREET	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	T	<input type="checkbox"/>
NAME	CLAIBORNE, CHARLES	
STREET ADDRESS	5900 POPLAR STREET	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/>
NAME	BOYLE, H.J.	
STREET ADDRESS	5900 POPLAR STREET	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/>
NAME	BLOODWORTH, R. E. JR.	
STREET ADDRESS	5900 POPLAR STREET	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	D	<input checked="" type="checkbox"/>
NAME	BOYLE, J. BAYARD SR.	
STREET ADDRESS	5900 POPLAR STREET	
CITY - ST - ZIP	MEMPHIS TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	Chairman, Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Boyle, J. B., Jr.		
1.3 STREET ADDRESS	5900 Poplar		
1.4 CITY - ST - ZIP	Memphis, Tn. 38119		
2.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Morgan, Snowden		
2.3 STREET ADDRESS	5900 Poplar		
2.4 CITY - ST - ZIP	Memphis, Tenn. 38119		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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)(g), 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: *Charles Claiborne* Charles Claiborne, Treasurer 5-29-96 901/767-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)