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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

**BOYLE INVESTMENT COMPANY** 

Mailing Address
5900 POPLAR STREET
44C140LHO TAL 00440 0060

Mailine Address

## **FILED** May 02 1997 8:00am Secretary of State



5900 POPLAR STREET MEMPHIS TN 38119		5900 POPLAR STREET MEMPHIS TN 38119-3956						
					3. Date incorporated or Qualified 12/18/1986	3a. Dato	of Las	
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			000100000			Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Gountry 30					
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Reg	istered Ac	jent	
	OF CONFORMION STSTEM			Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
			83					
			84	City	AND THE PROPERTY OF THE PROPER	FL	<b>85</b> Z	ip Code
office or agent. I s	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obligations are supported to the control of	of Florida. Such change was	authorized b	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of c t the appoi	hangin nIment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	III - Registered Ag	nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	L DELETE 1.1 TI				L	Chang	je 🔲 Addition 🗒
NAME	FOOD DODI AD OTDEET		1.2 NAME					
STREET ADDRESS	MCMOUNO THE			ADDRESS				
CITY-ST-ZIP TITLE	S S	1,4 CI		51 · ZIP	Change Addition			
NAME	LOFTON, ROBERT J.	<del></del>				_		, , , , , , , , , , , , , , , , , , , ,
STREET ADORESS	5900 POPLAR STREET			ADDRES\$				
CITY-ST-ZIP	MEMPHIS TN	2 40		ST - <b>Z</b> IP				
TITLE	-		3.1 TITLE				Chang	e 🔲 Addition
NAME	CLAIBORNE, CHARLES		3.2 NAME					
STREET ADORESS CITY-ST-ZIP	5900 POPLAR STREET MEMPHIS TN			ADDRESS				
TITLE	n MEMIFILIS III	DELETE 41T		ST - ZIP	The state of the s	·	Chang	ge Addition
NAME	BOYLE, H.J.		4 2 NAME			_		7,00 (01)
STREET ADDRESS	5900 POPLAR STREET			ADDRESS				
CITY-ST-ZIP	MEMPHIS TN		4.4 CHY-	61 - 7IP				
TITLE	D	☐ DELETE	5111116			Ĺ	Chang	e Addition
NAME	BLOODWORTH, R. E. JR.		5.2 NAME					
STREET ADDRESS	5900 POPLAR STREET			ADDRESS				
CITY-ST-ZIP	MEMPHIS TN	Попп	5.4 CITY-	ST - ZIP		<b>.</b>	7 6	NO DARBORO
TITLE	CD BOYLE, JR J	☐ DELETE	G.1 TITLE			L	Chang	ge Addition
NAME CYCCCT ADORESC			6.2 NAME					
STREET ADDRESS 5900 POPLAR 6.3 ST CITY-ST-ZIP MEMPHIS TN 6.4 CT			en erere	ADDRESS				

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 eath, 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.