

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 # P21152 (4)

1. Corporation Name

DOYLE PUBLISHING CORP.



Principal Place of Business

2101 REXFORD ROAD
STE. 172 WEST
CHARLOTTE NC 28211
US

Mailing Address

2101 REXFORD ROAD
STE. 172 WEST
CHARLOTTE NC 28211
US

2. Principal Place of Business

21 13000 Sawgrass Village Ctr. Dr.

Suite, Apt. #, etc.

22 Suite 18

City & State

23 Ponte Vedra Beach Fla

Zip

24 32082

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

28 City & State

Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

DOYLE, JOSEPH D., JR.
2740 E OAKLAND PARK
S202
FT LAUDERDALE FL 33306

3. Date Incorporated or Qualified

10/04/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

56-1619212

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

10. Name and Address of New Registered Agent

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

TITLE PST ☐ DELETE

NAME DOYLE, JOSEPH D., JR.
STREET ADDRESS 2101 REXFORD ROAD
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE D ☐ DELETE

NAME DOYLE, JOSEPH D., JR.
STREET ADDRESS 2101 REXFORD ROAD
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Doyle, Joseph
1.3 STREET ADDRESS 13000 Sawgrass Village Ctr. Dr. Suite 18
1.4 CITY-ST-ZIP Ponte Vedra Beach Fla 32082

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 13000 Sawgrass Village Ctr Dr Suite 18
2.3 STREET ADDRESS Ponte Vedra Beach Fla 32082
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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)(k), 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:

Joseph D. Doyle, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

Date

904285-6020

Daytime Phone #

CR2E034 (12/95)