SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 28 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P93000043788 (7) DOYLE MVP PROPERTIES, INC. Principal Place of Business Mailing Address 405 U.S. 27 SOUTH P. O. BOX 9156 LAKE HAMILTON FL 33851 WINTER HAVEN FL 33883 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 06/21/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3193308 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DOYLE, BLAKE R 405 U.S. 27 SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) LAKE HAMILTON FL 33851 83 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PD Change Addition TITLE 1.1 Tille DOYLE, DENNY NAME 1.2 NAME 2994 PLANTATION RD. STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DOYLE, BRIAN NAME 2.2 NAME 324 OKALOOSA DR. STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELETE Change Addition TITLE 31 TITLE DOYLE, BLAKE R NAME 3.2 NAM8 320 GREENFIELD RD. S.E. STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 41 TITLE BASS, NANCY NAME 4. 2 NAME 1019 SUNSHINE WAY STREET ADDRESS 4.3 STREET ADDRESS **WINTER HAVEN FL 33880** CITY-ST-ZIP 44 CHIY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$1-ZIF 6.4 CITY - ST - ZIP

14. To 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.

GNAR BUNDINGLE ROSS

SIGNATURE:

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