

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000011583 (9)**

1. Corporation Name

**DOYLE'S CARPET STEAM, INC.**



Principal Place of Business

Mailing Address

1825 OSPREY AVE  
 NAPLES FL 33962

P O BOX 8954  
 NAPLES FL 33941  
 US

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0491758

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARNER, JOHN A  
 900 SIXTH AVENUE SOUTH  
 SUITE 204  
 NAPLES FL 33940**

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's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PVST MCKINZIE, DOYLE**  
 STREET ADDRESS **1825 OSPREY AVE**  
 CITY - ST - ZIP **NAPLES FL**

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Doyle McKinzie*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96  
 DATE

941-725-4711  
 DAYTIME PHONE #

CR2E034 (3/96)