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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400083960 (2)

M AND R PYLES, INC.

Principal Place of Business 39564 US 19 NORTH TARPON SPRINGS FL 34689

2. Principal Place of Business

Suito, Apt #, etc.

SIGNATURE:

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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39564 US 19 NORTH TARPON SPRINGS FL 34689-3989

FILED Apr 15 1997 8:00am Secretary of State

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3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

06/10/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

11/14/1994

FEI Number
 59-3279459

23	a		28			Trust Fund Contribution			
Zip		Country	Z _i p		Country	8. This corporation has liability for intangible tax under s. 199.032,			
24	25		29	30		Florida Statutes Yes No			
	9. Name ar	nd Address of C	urrent Registered /	\gent		10. Name and Address of New Registered Agent			
DREW, KELLY						MICHAEL R. PYLES			
6441 WOODLAND LANE						82 Street Address (P.O. Box Number is Not Acceptable)			
NEW	Y PORT RICH	EY FL 34653			1 1	131 RAMONA CIRCLE			
					83				
						·			
					84 City	PALM HARBOR FL 85 ZIP CODE 3			
11. Pursuant t	to the provision	s of Sections 60	7.0502 and 607.150	8, Florida Statutes, th	ne above-name	and corporation submits this statement for the nurpose of changing its registered			
l office or n	registered agen	nt or both, in the	State of Florida, Suc	h change was autho	rized by the co	corporation's board of directors. I hereby accept the appointment as registered			
· •	in tarrinar with	To accept the	digation of Section	on 607.0505, Monda	Siajules.	41.100			
SIGNATURE	Signer ver raped on	pentud name of registe	ered agent and alldel applica	bie (NOTE Red	islated Agent s-ogah	ature required when reinstating) DATE			
12.			S AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
THE	PT			DELETE	1.1 TITLE	VS · Change Addition			
NAME	PYLES, MIC	CHAEL R		1	1.2 NAME	PYLES ROBERTA F 131 KAMONA CIRCLE			
STREET ADDRESS	131 RAMOI	NA CIRLCE		i	1.3 STREET ADORESS	131 KAMONA CIRCLE			
City - St - 7IP	PALM HAR				1.4 City - St - ZiP	PALM HARBOR F1 34683			
TITLE				<u></u>	2.1 TITLE	☐ Change ☐ Addition			
NAM t				1	2.2 NAME				
STREET ADORESS	,			li i	2 3 STREET ADDRESS	222			
CITY - ST - ZIP					2. 4 CITY-ST-ZIP				
Time					3.1 TITLE	Change Addition			
NAME	l			1	3.2 NAME				
STHEFT ADDRESS				1	3.3 STREET ADDRESS	ess			
CHY-\$1-ZIP				1	3.4. CITY-ST-ZIP				
TitlE	· · · · _ · · · · · · · · · · · · ·				4.1 TITLE	☐ Change ☐ Addition			
NAME				ł	4. 2 NAME				
STREET ADDRESS				1	4.3 STREET ADDRESS	ess (
CITY-ST-ZIP				[4.4 CITY-ST-ZIP				
THILE					5.1 TITLE	Change Addition			
NAME .]	5.2 NAME				
STREET ADDRESS					5.3 STREET ADDRESS	ESS 1			
DITY-SU-ZIP	ĺ			i	5.4 CITY-ST-ZIP				
TITLE					6.1 TITLE	☐ Change ☐ Addition			
NAME					6.2 NAME				
STREET ADDRESS				1	6 3 STREET ADDRESS	ESS (
COTY - ST - ZUP				ł	6.4 CITY-ST-ZIP				
14. I do heret	by certify that the	he information su	applied with this filing	does not qualify for	the exemption	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the			
informatio	on indicated on	this annual repo	ort or supplemental a	nnual report is true a	ind accurate at	and that my signature shall have the same legal effect as if made under path; that his 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									