

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000048261 (8)**

1. Corporation Name

DURWOOD A. BOYLE PAINTING, INC.



Principal Place of Business

**29240 S.W. 205 AVENUE
HOMESTEAD FL 33030**

Mailing Address

**29240 S.W. 205 AVENUE
HOMESTEAD FL 33030**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

4. FEI Number

65-0593445

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYLE, DURWOOD A JR.
29240 S.W. 205 AVENUE
HOMESTEAD FL 33030**

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 of person or persons authorized to execute this statement

Signature of Registered Agent (signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD
BOYLE, DURWOOD A JR.**
STREET ADDRESS **29240 S.W. 205 AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE
NAME **VD
BOYLE, DURWOOD A SR.**
STREET ADDRESS **18730 S.W. 317 TERRACE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE
NAME **SD
BOYLE, KELLY S**
STREET ADDRESS **29240 S.W. 205 AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE
NAME **TD
BOYLE, PHYLLIS I**
STREET ADDRESS **18730 S.W. 317 TERRACE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

\$200.00/125/96 CS
\$100 by Bank

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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.P.

11/19/96

305-245-1328

CS 4/18/96

CR2E034 (12/95)