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

Mailing Address 29240 S.W. 205 AVENUE

HOMESTEAD FL 33030-7668

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

29240 S.W. 205 AVENUE HOMESTEAD FL 33030

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000048261 (8)

DURWOOD A. BOYLE PAINTING, INC.

06/19/1995 04/18/1996 2. Principal Place of Business 2a, Mailing Address Applied For FFI Number 65-0593445 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 28 23 Country Country Z_{10} 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOYLE, DURWOOD A JR. 29240 S.W. 205 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **HOMESTEAD FL 33030** 83 84 City Zip Code 85 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 farmitar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registerest agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12 13. Change Addition DELETE 1.1 TITLE PD TITLE BOYLE, DURWOOD A JR. 1.2 NAME NAME 2E034 29240 S.W. 205 AVENUE 1.3 STREET ADDRESS STREET ADDRESS **HOMESTEAD FL 33030** 1.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BOYLE, DURWOOD A SR. 2.2 NAME NAME 18730 S.W. 317 TERRACE 2.3 STREET ADDRESS STREET ADDRESS **HOMESTEAD FL 33030** DITY-ST-ZIP 2.4 CITY-ST-7/P DELETE Change Addition 3.1 TITLE TITLE SD BOYLE, KELLY S NAME 3.2 NAME STREET ADDRESS 29240 S.W. 205 AVENUE 3.3 STREET ADDRESS HOMESTEAD FL 33030 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE TD NAME BOYLE, PHYLLIS I 4 2 NAME STREET ADDRESS 18730 S.W. 317 TERRACE 4.3 STREET ADDRESS **HOMESTEAD FL 33030** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-76 TITLE DELETE **6.1 TITLE** Change Addition 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY+ST-ZIP CITY - ST - 7/2 14. I do 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 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 Brock 12 or Black 13 it changed, or on an attachment with an address.

1/2/97 305.247.3873

FILED

Feb 03 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified