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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000029012 (6)

ANDREWS BOYLE, INC.

Principal Place of Business Mailing Add					Address				T CORRESORY NAC CORN COND. MORE BELLE ABOVE ABOVE ABOVE FIRM FROM ABOVE HOUR HOUR
2506 WELLST	TON ROAD		25	2508 WELLSTON ROAD					
AVON PARK	FL 33825		A	AVON PARK FL 33825					DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
i									03/28/1997
2. Principal F	Place of Bus	ness	28.	2a. Mailing Address					4. FEI Number Applied For
21			——————————————————————————————————————	26					Not Applicabl
Suite, Apt. #, etc.			 -	Suite, Apt. #, etc.					60 75
22			27	27					5. Certificate of Status Desired Fee Required
City & Stat	le			City & State					6. Election Campaign Financing \$5.00 May Be
23			28						Trust Fund Contribution Added to Fees
Zip Cou		Country		Zip					8. This corporation owes or has paid the current year Intangible
24		25		29		30			Personal Property Tax due June 30. Yes No
 		and Address of Cur	rent Regist	ered Agent		123	A1		10. Name and Address of New Registered Agent
	idrews, J					81	Name	•	
2508 WELLSTON ROAD							Stree	t Addres	ss (P.O. Box Number is Not Acceptable)
AVON PARK FL 33825									
]						83			
1	•					84	City		85 Zip Code
44 0 100 100 1	4 - 4	ione of Continue CO2 (COO 224 CC	2.4500 Ft Otal				4	ration submits this statement for the purpose of changing its registered
office or	to the provi regi ste red af	gent, or both, in the St	ate of Florid	ia. Such change wa s	ites, the authoriz	above ed by	the co	a corpoi rporatio	ration submits this statement for the purpose of changing its registered or's board of directors. I hereby accept the appointment as registered
agent. La	ım familiar w	ith, and accept the ob	ligations of,	Section 607.05 05, F	forida St	atutes			
SIGNATURE	Clandina tina	d or printed name of registered	anoni and title i	f applicable /AIC	TC Pasisto	A	nt avanati		when reinstating) DATE
12,	aignature, types	OFFICERS A			13		in arginatu	re requied	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T			DELETE		TITLE		F	Change Addition
NAME					1.2 NAME			PAN L. ANDREWS	
STREET ADDRESS					1.3 STREET ADI		ADDRESS	25	508 WEUSTON Rd
CITY-ST-ZIP						1.4 CITY - ST - ZIP			YON PARK, FL 33825
TITLE	·. 	·	 -	DELETE		2.1 TITLE			Change Addition
NAME					2.2	NAME		Di	ONALD B. BOYLE
STREET ADDRESS					2.3	STREET	ADDRESS		1432 LANDOVER AV.
CITY-ST-ZIP					2.4	CITY-S	T-ZIP	1	DELTONA, FL 32735
TITLE				DELETE	3.1	TITLE		3	6 ☐ Change ☐ Addition
NAME					3.2	NAME		1 3	TOHN P. BOYLE, JR. 110 BLACKWATER Rd.
STREET ADDRESS					3.3	STREET	ADDAESS		110 BLACKWATER Rd.
CITY-ST-ZIP		·			3.4.	CITY-S	T-ZiP		ROCHESTER, N. H 03867
TITLE				DELETE	4.1	TITLE			Change Addition
NAME					4. 2	NAME			
STREET ADDRESS					4.3	STREET	ADDRESS	1	
CITY-ST-ZIP					_	CITY-SI	- ZIP	<u> </u>	
TITLE				DELETE	5.1	TITLE			Change Addition
NAME						NAME			dh 2/15
STREET ADDRESS					5.3	STREET	ADDRESS		11 1920
CITY-ST-ZIP				——————————————————————————————————————		CITY-SI	- ZIP	<u> </u>	<u> </u>
TITLE				DELETE		TITLE			Change Addition
NAME					1	NAME			700002440687 -02/25/3801017037
STREET ADDRESS							ADDRESS		***150.00
CITY-ST-ZIP					64	CITY-ST	- ZIP	1	- 「

14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

FILED

Feb 25 1998 8:00am

Secretary of State