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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700096950 FRANCES G. DOYLE INVESTMENT AND TAX STRATEGIES.

Principal Place of Business

INC.

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90159 050 ***150.00



1611 MAIN ST. DUNEDIN FL 34	698	DUNEDIN F	1611 MAIN ST. Dunedin Fl. 34698			DO NOT W	DITE IN This	20425	
US US						DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualife 11/10/1997 			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		An	plied For
 -1 '	ace of Busiless	—	¬			59-3478264			t Applicable
Suite, Apt.	#, etc	26 Suite A	Suite: Apt. #; etc.					\$8.75 A	
22	#,,etc.	<u> </u>	27			5. Certifcate of Status Desired		Fee Re	
City & State			City & State			6. Election Campaign Financin		\$5.00	May Ro
		├ ′	28			Trust Fund Contribution	⁹ 🗆	Added to	
23 Zip	Country		Zip Country			8. This corporation owes the c	rrent vear Inta		
24	25	— — ·	29 30			Personal Property Tax.			
9. Name and Address of Current Registered Agent						. 10. Name and Address of Nev	v Registered	Agent	
3. Italia and Address S. Varietti Registarisa (1931)					Name				
DOYLE, FRANCES G			82			-4-LI-X			
1611	MAIN ST.					ddress (P.O. Box Number is Not Acce	ptable)		
DUNEDIN FL 34698			83						
				0.4	City				ode
	·			84	City		FL		
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 age		(NOTE: Reg		it signature req	uired when reinstating)	DATE		
12.		ND DIRECTORS	C DC FTF	13.		ADDITIONS/CHANGES TO	DEFICERS AN	☐ Change	Addition
TITLE	PSTD		☐ DELETE	1.1 TITLE				Citalige	
NAME	DOYLE, FRANCES G			1.2 NAME					
STREET ADDRESS	1611 MAIN ST.			1.3 STREE	ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698			1.4 CITY-S	T-ZIP	<u></u>			Addition.
TITLE			☐ D€LETE	2.1 TITLE				Change	☐ Addition
NAME				2.2 NAME	1				
STREET ADDRESS			<u> </u>	2.3 STREE	ADDRESS	_	- ~		-
CITY-ST-ZIP				2. 4 CITY-5	T-ZIP				
TITLE			☐ DELETE	3.1 TITLE	,			☐ Change	☐ Addition
NAME				3.2 NAME					-
STREET ADDRESS				3.3 STREE	ADDRESS	•			i
CITY-ST-ZIP		*****		3.4. CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TITLE	- 1			☐ Change	☐ Addition Ì
NAME				4, 2 NAME					
STREET ADDRESS				4.3 STREE	ADDRESS				1
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE		· — · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	TADDRESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				}
TITLE			☐ DELETE	6.1 TITLE				Change	☐ Addition
				62 NAME	}				}

CITY-ST-ZIP 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS