

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90002 016 \*\*\*150.00

DOCUMENT # **P98000085702**

1. Corporation Name

**MCPOYLE ENTERPRISES, INC.**

Principal Place of Business

**4787 SABLE PINE CIRCLE  
WEST PALM BEACH FL 33418**

Mailing Address

**4787 SABLE PINE CIRCLE  
WEST PALM BEACH FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/06/1998**

4. FEI Number

**65-0873449**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 3114 45th Street, Suite 1**

Suite, Apt. #, etc.

**22**

City & State

**23 West Palm Bch.**

Zip

**24 33407**

Country

**25 Palm Bch.**

26

**27 Suite One**

City & State

**28 West Palm Beach, FL**

Zip

**29 33407**

Country

**30 Palm Beach**

9. Name and Address of Current Registered Agent

**MCPOYLE, CRAIG S  
4787 SABLE PINE CIRCLE  
WEST PALM BEACH FL 33418**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MCPOYLE, CRAIG S**  
STREET ADDRESS **4787 SABLE PINE CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **CEO** ☒ Change ☐ Addition

1.2 NAME **McPoyle, Craig S.**  
1.3 STREET ADDRESS **3114 45th Street, Suite 1**  
1.4 CITY-ST-ZIP **West Palm Beach, FL 33407**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

**Craig S. McPoyle**

**8/6/99**

**561-683-0090**

CR2E034 (5/99)

0077902

P48000085702  
615715

# McPoyle's Enterprises, Inc.

3114 45th Street, Suite One  
West Palm Beach, Florida 33407

Phone 561-683-0090  
Fax 561-683-0290

September 8, 1999

Florida Department of State  
Attn: Katherine Harris  
Annual Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

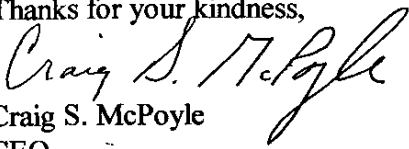
I spoke to Carol McIntyre this morning and told her my concern. She told me to write a letter and send this in with a \$150.00 check ASAP.

We never received our first package from your Department. We have another corporation named McPoyle's Painting, Inc. and filed on time with this Corporation. It never dawned on us that we did not receive the paperwork for this new Corporation because we filed so late last year, we assumed that the fee was taken care of for this year.

In July this notice arrived at our new home, and proceeded to put the bill into the file to be paid, never realizing that there was a \$400.00 late fee attached to the invoice. Pulling it up today, we see the penalty to our never receiving this package and not paying on time.

We have now corrected our address to reflect the proper address to not have this complication next year. We are sending the Corporation fee of \$150.00 hoping that you realize that we are honest people out to earn a honest buck.

Thanks for your kindness,

  
Craig S. McPoyle  
CEO