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FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002779 (4)**

1. Corporation Name

DOVER PARTNERS, INC.

Principal Place of Business

**3033 S. KETTERING BLVD., #320
DAYTON OH 45439**

Mailing Address

**3033 S. KETTERING BLVD., #320
DAYTON OH 45439**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1996

4. FEI Number

31-1281984

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**CAMPBELL, RICHARD A CFA
3781 WINKLER AVE., #436
FT MYERS FL 33912**

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 ☐ DELETE
NAME **P CAMPBELL, RICHARD A CFA**
STREET ADDRESS **3781 WINKLER AVE., #436**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ DELETE
NAME **V PENDERGRAFT, ANDREA J CFA**
STREET ADDRESS **3033 S. KETTERING BLVD., #320**
CITY-ST-ZIP **DAYTON OH 45439**

TITLE ☐ DELETE
NAME **S WHALEN, MARY JANE B**
STREET ADDRESS **3444 RIDGEWAY RD.**
CITY-ST-ZIP **DAYTON OH 45429**

TITLE ☐ DELETE
NAME **T WHALEN, HERBERT E JR**
STREET ADDRESS **3444 RIDGEWAY RD.**
CITY-ST-ZIP **DAYTON OH 45429**

TITLE ☐ DELETE
NAME **DC NEWELL, JACKSON**
STREET ADDRESS **3033 S. KETTERING BLVD., #320**
CITY-ST-ZIP **DAYTON OH 45439**

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

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:

[Handwritten Signature] 3/27/98 937-299-4105

CR2E034 (10/97)