

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H20814** (0)

1. Corporation Name
D.O.E.S., INC.

Principal Place of Business
**160 CAPITAL CIRCLE S.W.
P.O. BOX 6108
TALLAHASSEE FL 32310-7448**

Mailing Address
**160 CAPITAL CIRCLE S.W.
P.O. BOX 6108
TALLAHASSEE FL 32310-7448**



3. Date Incorporated or Qualified 09/13/1984	3a. Date of Last Report 03/22/1996
4. FEI Number 59-2444241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CURASI, JAMES B.
308 E PARK AVE
SUITE 201
TALLAHASSEE FL 32302**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGG, C.R.	1.2 NAME	
STREET ADDRESS	160 CAPITAL CIRCLE S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGG, PAUL A.	2.2 NAME	HOGG, PAUL A.
STREET ADDRESS	160 CAPITAL CIRCLE S.W.	2.3 STREET ADDRESS	160 CAPITAL CIRCLE S.W.
CITY-ST-ZIP	TALLAHASSEE, FL 32310	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGG, ALAN J.	3.2 NAME	HOGG, A. JEFFREY
STREET ADDRESS	730 HWY 242 SO.	3.3 STREET ADDRESS	730 HWY 242 SOUTH
CITY-ST-ZIP	BONNAIRE, GA. 31005	3.4 CITY-ST-ZIP	BONNAIRE, GA. 31005
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGG, CHARLOTTE	4.2 NAME	HOGG, CHARLOTTE
STREET ADDRESS	160 CAPITAL CIRCLE S.W.	4.3 STREET ADDRESS	160 CAPITAL CIRCLE S.W.
CITY-ST-ZIP	TALLAHASSEE, FL 32310	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

SIGNATURE REQUIRED

C.R. Hogg 4/8/97 904-827-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)