FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCI	IMEN	Т#	H4	759

(0)

1. Corporation Name

DOV DODGEDS CONSTRUCTION INC

not no	DUCENS CONSTRUCTION, I	NO.								
Principal Place	of Business	Maling Address						(4() 81811 4	1811 61611 1861	
9700 KOGER BLVD. STE. 303 ST PETE FL 33702 US		9700 KOGER BLVD. #303 ST PETE FL 33702 US								
				3. Date Incorporated or Qualified 03/18/1985	03/18/1985 07/06/1995					
2. Principal Place	ce of Business	2a. Mailing Address 26				4. FEI Number 59-2519302			pplied For lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· - [5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	····		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29	Zip Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Current	Registered Agent		04]	N	10. Name and Address of New R	egistered A	gent		
RODGER	e pov		L	81	Name		 			
	NDY BLVD NORTH LOT 657		ļ	82	Street Addi	ess (P.O. Box Number is Not Acceptab	ass (P.O. Box Number is Not Acceptable)			
	FL 33702			83						
				84	City		FL	85 Zip	Code	
11. Pursuant to or registers familiar with	o the provisions of Sections 607.0502 a od agent, or both, in the State of Florida n, and accept the obligations of, Sectio	ind 607.1508, Florida Statuti I. Such change was authoriz n 607.0506, Florida Statutes	es, the aboved by the co	ve n orpo	amed corpor pration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of char pintment as r	ging its re egistered	egistered office agent. I am	
SIGNATURE.										
	Signature, typed or printed name of registered agent ar			Agent	t signature require	d when reinstating)	DATE ICE DO AND I	DIDECTO	DO INLAO	
12. TITLE	OFFICERS AND PST	TT DELETE	13.	rue	T	ADDITIONS/CHANGES TO OFF		Change	Addition	
NAME	RODGERS, ROY R.		1.2 NA	ME						
STREET ADDRESS	3390 GANDY BLVD N LOT657		1.3 \$76	REET	ADDRESS				}	
CITY-ST-ZIP	ST PETE FL		1.4 CIT		T-ZIP					
TITLE	D Rodgers, Roy R.	☐ DELETE	2 1 711				L	Change	Addition	
NAME OTOSET ADSIDES	3390 GANDY BLVD N LOT657		2 2 NA		ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ST PETE FL		2 3 ST							
TITLE	VD	DELETE	3 1 TF					Change	Addition	
NAME	RODGERS, CATHERINE J.		3 2 NA	ME						
STREET ADDRESS	3390 GANDY BLVD N LOT657		3.3. ST	REET	ADDRESS					
CITY-ST-ZIP	ST PETE FL	53 05, 57	3.4 CIT		T-ZIP			0	F71 Addition	
TITLE		DEFEAT	4.170				Ļ	Change	Addition	
NAME			4.2 NA		ADDRESS	•			:	
STREET ADDRESS CITY-ST-ZIP			4.4 011							
TITLE		[] DELETE	5.111		· • · · · · · · · · · · · · · · · · · ·		C	Change	Addition	
NAME		-	5.2 NA	ME						
STREET ADDRESS			5.3 \$1	REE I	ADDRESS					
CITY-ST-ZIP		,	5 4 01	TY-S	T - 7 :P	W. W. A. W.				
TITLE		☐ DELETE	6 1 1	TLE				Change	Addition	
NAME	•		62 NA	ME						
STREET ADDRESS			6351	REET	ADDRESS					
CITY-ST-ZIP			6.4 Ci	1Y-S	1 - ZIP					

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this armual 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 13 if compad, or on a pattern them with an address

SIGNATURE: