

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

DOCUMENT # J01970 (9)

1. Corporation Name

DOVE'S DIVERSIFIED SERVICES, INC.



Principal Place of Business

9700 KOGER BLVD., SUITE 209
ST. PETERSBURG FL 33702

Mailing Address

9700 KOGER BLVD., SUITE 209
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified
03/04/1986

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 7765 9th St. No.

2a. Mailing Address

26 SAME

4. FEI Number

59-2647793

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

22 GATEWAY MALL

23 ST. PETERSBURG, FL

24 33702

25 PINELLAS

27

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOVE, EDGAR
9700 KOGER BLVD, 209
ST. PETERSBURG FL 33702

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 607.0506, Florida Statutes.

SIGNATURE

EDGAR DOVE

THERE IS NO CHANGE HERE

(Print or type name of registered agent and the date of filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DOVE, ED
STREET ADDRESS 8490-7TH LANE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE ST ☐ DELETE

NAME DOVE, RAMONA
STREET ADDRESS 8490-7TH LANE NORTH
CITY-ST-ZIP ST PETERSBURG FL

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 '92

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 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: EDGAR DOVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edgar Dove

4/12/96 (813) 578-3683

Date

Daytime Phone

CR2E034 (12/95)