

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

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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
7765 9TH ST. NO.
GATEWAY MALL
ST. PETERSBURG FL 33702
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 6416 NINTH ST. N.	26 6416 NINTH ST. N.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 ST. PETERSBURG	27 ST. PETERSBURG		
City & State	City & State		
23 FLORIDA	28 FLORIDA		
Zip	Zip		
24 33702	29 33702		
Country	Country		
25 USA	30 USA		

3. Date Incorporated or Qualified	
03/04/1986	
4. FEI Number	Applied For
59-2647793	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOVE, EDGAR
7765 NINTH ST N
GATEWAY MALL
ST PETERSBURG FL 33702

81 Name	DOVE, EDGAR
82 Street Address (P.Q. Box Number is Not Acceptable)	6416 NINTH ST. N.
83	ST. PETERSBURG
84 City	FL
85 Zip Code	33702

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 X EDGAR DOVE, PRESIDENT

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	DOVE, ED	1.2 NAME	DOVE, ED
STREET ADDRESS	8490-7TH LANE NORTH	1.3 STREET ADDRESS	8490-7TH LANE NORTH
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	ST	2.1 TITLE	ST
NAME	DOVE, RAMONA	2.2 NAME	DOVE, RAMONA
STREET ADDRESS	8490-7TH LANE NORTH	2.3 STREET ADDRESS	8490-7TH LANE NORTH
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Edgar Dove EDGAR DOVE

2/21/98 (813) 522-5233

CR2E034 (10/97)