

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

0354463

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90133 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J31739**

1. Corporation Name  
**DOVAST, INC.**



Principal Place of Business Mailing Address

**% FRED G. ASHWORTH**  
**249 SUDBURY DR.**  
**ATLANTIS FL 33462**

**% FRED G. ASHWORTH**  
**249 SUDBURY DR.**  
**ATLANTIS FL 33462**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/04/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2723511	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		30	
25		30		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ASHWORTH, FRED G.</b> <b>249 SUDBURY DR.</b> <b>ATLANTIS FL 33462</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ (NOTE: Registered Agent 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	ASHWORTH, FRED G.	1.2 NAME	
STREET ADDRESS	249 SUDBURY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHWORTH, VIRGINIA P.	2.2 NAME	
STREET ADDRESS	249 SUDBURY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHWORTH, STEPHEN G.	3.2 NAME	
STREET ADDRESS	835 WELLINGTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON SALEM NC	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHWORTH, DONALD P.	4.2 NAME	
STREET ADDRESS	924 10TH AVE. APT.#3	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON WV	4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Fred G. Ashworth, President Date: 4/30/99 Daytime Phone #: (202) 964-8374

CR2E034 (11/98)