SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:54

DOCUMENT # K77191 (0)

1. Corporation Name
DOVE AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
84 WELLINGTON DRIVE PALM COAST FL 32137 US	BOX 350965 PALM COAST FL 32135 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1989
3a. Date of Last Report: 07/11/1994

2. Principal Place of Business
21: 3 EAGLE Harbor Trail
22 Suite, Apt. #, etc.: Palm Coast
23 City & State: FL
24 Zip: 32164
25 Country: Fraglevi

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2939770 ☐ 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

9. Name and Address of Current Registered Agent

DOVE, MICHAEL LEO
84 WELLINGTON DRIVE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: Michael Leo Dove
82 Street Address (P.O. Box Number is Not Acceptable): 3 EAGLE Harbor Trail
83:
84 City: Palm Coast FL 85 Zip Code: 32164

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] 6-26-95
(Name of registered agent and title if applicable) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	☒ Change ☐ Addition
NAME	DOVE, MICHAEL LEO	1.2 NAME	Michael Dove
STREET ADDRESS	WELLINGTON DR.	1.3 STREET ADDRESS	3 EAGLE Harbor Trail
CITY ST ZIP	PALM COAST FL	1.4 CITY ST ZIP	Palm Coast, FL 32164
TITLE	VT	2.1 TITLE	☒ Change ☐ Addition
NAME	DOVE, DEBRA ANN	2.2 NAME	Debra Ann Dove
STREET ADDRESS	84 WELLINGTON DR.	2.3 STREET ADDRESS	3 EAGLE Harbor Trail
CITY ST ZIP	PALM COAST FL	2.4 CITY ST ZIP	Palm Coast, FL 32164
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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] Michael Leo Dove 6-26-95 904-437-3600
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

01B4M PP