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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90238 036 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # M94574

1. Corporation Name
DOSS & ASSOCIATES, INC.



Principal Place of Business 105 YACHT CLUB DR ST AUGUSTINE FL 32095 US	Mailing Address 105 YACHT CLUB DR ST AUGUSTINE FL 32095 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/14/1988	4. FEI Number 59-2902422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 184 SR. 312 Suite, Apt. #, etc. 22 ST AUGUSTINE City & State 23 FL.	2a. Mailing Address 26 184 SR. 312 Suite, Apt. #, etc. 27 City & State 28 ST AUGUSTINE FL	29 32086 Country USA	30 USA
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9. Name and Address of Current Registered Agent DOSS, RONALD L. 184 SR 312 ST AUGUSTINE FL 32086	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 D	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input type="checkbox"/> Addition
NAME DOSS, RONALD L.		1.2 NAME	
STREET ADDRESS 105 YACHT CLUB DR		1.3 STREET ADDRESS 184 SR 312	
CITY-ST-ZIP ST. AUGUSTINE FL		1.4 CITY-ST-ZIP ST AUGUSTINE FL 32086	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Change	<input type="checkbox"/> Addition
NAME DOSS, JOAN D.		2.2 NAME	
STREET ADDRESS 105 YACHT CLUB DR		2.3 STREET ADDRESS 184 SR 312	
CITY-ST-ZIP ST. AUGUSTINE FL		2.4 CITY-ST-ZIP ST AUGUSTINE FL. 32086	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: Ronald Doss **RONALD DOSS** 1-25-99 904-824-2960
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)