

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

**FILED**  
**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 <b>08/14/1988</b>	4. FEI Number <b>59-2902422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>184 SR. 312</b> Suite, Apt. #, etc. 22 <b>ST AUGUSTINE</b> City & State 23 <b>FL.</b>	2a. Mailing Address 26 <b>184 SR. 312</b> Suite, Apt. #, etc. 27 City & State 28 <b>ST AUGUSTINE FL</b>	29 <b>32086</b> Country <b>USA</b>	30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>DOSS, RONALD L.</b> <b>184 SR 312</b> <b>ST AUGUSTINE FL 32086</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>DOSS, RONALD L.</b>		1.2 NAME	
STREET ADDRESS <b>105 YACHT CLUB DR</b>		1.3 STREET ADDRESS <b>184 SR 312</b>	
CITY-ST-ZIP <b>ST. AUGUSTINE FL</b>		1.4 CITY-ST-ZIP <b>ST AUGUSTINE FL 32086</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>DOSS, JOAN D.</b>		2.2 NAME	
STREET ADDRESS <b>105 YACHT CLUB DR</b>		2.3 STREET ADDRESS <b>184 SR 312</b>	
CITY-ST-ZIP <b>ST. AUGUSTINE FL</b>		2.4 CITY-ST-ZIP <b>ST AUGUSTINE FL. 32086</b>	
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)