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FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000085424 (7)

1. Corporation Name

LUCKY DOVE CORPORATION

Principal Place of Business

4356 5TH ISLE DRIVE
SPRINGHILL FL 34807

Mailing Address

4356 5TH ISLE DRIVE
SPRINGHILL FL 34807-3129



3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3276854

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZECCA, CHERYL
6416 LUCKY LANE
SPRING HILL FL 34809

81 Name

SAME AS #9

82 Street Address (P.O. Box Number is Not Acceptable)

4356 5TH ISLE DRIVE

83

84 City

SPRINGHILL

FL

85 Zip Code

34607

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME ZECCA, FRANK
STREET ADDRESS 6416 LUCKY LANE
CITY-ST-ZIP SPRINGHILL FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SAME AS #12
1.3 STREET ADDRESS 4356 5TH ISLE DRIVE
1.4 CITY-ST-ZIP Springhill, FL 34607

TITLE ☐ DELETE

ST
NAME ZECCA, CHERYL
STREET ADDRESS 6416 LUCKY LANE
CITY-ST-ZIP SPRINGHILL FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SAME AS #12
2.3 STREET ADDRESS 4356 5TH ISLE DRIVE
2.4 CITY-ST-ZIP Springhill, FL 34607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 to on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352

4-21-97 597-8227

CR2E034 (9/96)