FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089548 (9)**

1. Corporation Name
DOVE & ASSOCIATES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2015-B WEST FIRST STREET FORT MYERS FL 33901	2015-B WEST FIRST STREET FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report: N/A

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0556275 ☐ 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

MILLER, RICHARD
2015-B WEST FIRST STREET
FORT MYERS FL 33901

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DOVE, EDWARD W	1.2 NAME	DOVE, EDWARD W.	
STREET ADDRESS	11438 VALE SPRING DRIVE	1.3 STREET ADDRESS	11438 VALE SPRING DRIVE	
CITY-ST-ZIP	OAKTON VA 22124	1.4 CITY-ST-ZIP	OAKTON, VA. 22124	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DOVE, EDWARD W	2.2 NAME		
STREET ADDRESS	11438 VALE SPRING DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OAKTON VA 22124	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		3.2 NAME	NESTLER, RICHARD V.	
STREET ADDRESS		3.3 STREET ADDRESS	7166 COLUMBIA CIRCLE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FORT MYERS, FL. 33908	
TITLE		4.1 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME		4.2 NAME	MILLER, RICHARD A.	
STREET ADDRESS		4.3 STREET ADDRESS	3150 SHOREWOOD LANE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FORT MYERS, FL. 33907	
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: Edward W. Dove 4/12/95 813-332-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

081997 CP