

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000089548 (9)**

1. Corporation Name

DOVE & ASSOCIATES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**2015-B WEST FIRST STREET
FORT MYERS FL 33901**

Mailing Address

**2015-B WEST FIRST STREET
FORT MYERS FL 33901**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
12/09/1994

3a. Date of Last Report
04/24/1995

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

10. Name and Address of New Registered Agent

81 Name

Nestler, Richard V.

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

83

2015-B West First Street

84 City

Fort Myers

FL

85

Zip Code

33901

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

Richard V. Nestler

RICHARD V. NESTLER

4-30-96

Signature typed or printed below of registered agent and the corporation

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P

**DOVE, EDWARD W
11438 VALE SPRING DRIVE
OAKTON VA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**DOVE, EDWARD W
11438 VALE SPRING DRIVE
OAKTON VA 22124**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP

**NESTLER, RICHARD V
7166 COLUMBIA CIRCLE
FORT MYERS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST

**MILLER, RICHARD A
3150 SHOREWOOD LANE
FORT MYERS FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☒ Addition

**ST
Nagle, Kim S.
3904 SE 12th Place
Cape Coral, FL 33904**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

Kim S. Nagle

SECRETARY

Kim S. NAGLE

4-30-96

Signature typed or printed below of signing officer or director

DATE

Signature Printed

CR2E034 (12/95)