

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

FILED

May 05 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



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| Principal Place of Business 2015-B WEST FIRST STREET FORT MYERS FL 33901 | Mailing Address 2015-B WEST FIRST STREET FORT MYERS FL 33901-3112 |
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 2. Principal Place of Business 21 2049 MCGREGOR BLVD Suite, Apt. #, etc. | | 2a. Mailing Address 26 2049 MCGREGOR BLVD Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 12/09/1994 | 3a. Date of Last Report 05/01/1996 |
| 22 City & State 23 FORT MYERS FL | | 27 City & State 28 FORT MYERS FL | | 4. FEI Number 65-0556275 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 24 Zip 33901 | 25 Country USA | 29 Zip 33901 | 30 Country USA | 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

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|---------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent NESTLER, RICHARD V. 2015-B WEST FIRST STREET FORT MYERS FL 33901 | | 10. Name and Address of New Registered Agent 81 Name NAGLE, KIM S. 82 Street Address (P.O. Box Number is Not Acceptable) 83 2049 MCGREGOR BLVD. 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: Kim S. Nagle, KIM S. NAGLE, ST 4-25-97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOVE, EDWARD W | 1.2 NAME | |
| STREET ADDRESS | 11438 VALE SPRING DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OAKTON VA | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | VP | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NESTLER, RICHARD V | 3.2 NAME | VP |
| STREET ADDRESS | 7166 COLUMBIA CIRCLE | 3.3 STREET ADDRESS | BURNS, JOHN S. III |
| CITY-ST-ZIP | FORT MYERS FL | 3.4 CITY-ST-ZIP | 110 E. LAKE DRIVE |
| TITLE | ST | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAGLE, KIM S. | 4.2 NAME | |
| STREET ADDRESS | 3904 SE 12TH PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 4.4 CITY-ST-ZIP | LEHIGH ACRES, FL. 33936 |
| TITLE | | 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 | | 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 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, or on an attachment with an address.

SIGNATURE: Kim S. Nagle, KIM S. NAGLE 4-25-97 941-332-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)