

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90013 007 ***150.00

DOCUMENT # P94000089548

1. Corporation Name

DOVE & ASSOCIATES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

2049 MCGREGOR BLVD
FORT MYERS FL 33901
US

Mailing Address

2049 MCGREGOR BLVD
FORT MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1994

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 2041 W. First Street

Suite, Apt. #, etc.

22 City & State

23 Fort Myers Florida

24 Zip

33901

Country

25 USA

2a. Mailing Address

26 2041 W. First Street

Suite, Apt. #, etc.

27 City & State

28 Fort Myers, Florida

29 Zip

33901

Country

30 USA

9. Name and Address of Current Registered Agent

NAGLE, KIM S.
2049 MCGREGOR BLVD
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

3904 SE 12th Place

83

84 City Cape Coral

FL

85 Zip Code 33904

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
Signature typed or printed name of registered agent and title if applicable.

KIM S. NAGLE

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DOVE, EDWARD W
STREET ADDRESS 204 MASTERS DR
CITY-ST-ZIP CROSS JUNCTION VA 22625

TITLE D ☐ DELETE

NAME DOVE, EDWARD W
STREET ADDRESS 204 MASTERS DRIVE
CITY-ST-ZIP CROSS JUNCTION VA 22625

TITLE VP ☒ DELETE

NAME BURNS, JOHN S. III
STREET ADDRESS 110 E LAKE DR
CITY-ST-ZIP LEHIGH ACRES FL

TITLE ST ☐ DELETE

NAME NAGLE, KIM S.
STREET ADDRESS 3904 SE 12TH PLACE
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Dove, Edward W.
1.3 STREET ADDRESS 209 Sunset Circle
1.4 CITY-ST-ZIP Cross Junction, VA 22625

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Dove, Edward W.
2.3 STREET ADDRESS 209 Sunset Circle
2.4 CITY-ST-ZIP Cross Junction, VA 22625

3.1 TITLE VP ☒ Change ☒ Addition

3.2 NAME Spencer, George C.
3.3 STREET ADDRESS 2041 W. First Street
3.4 CITY-ST-ZIP Fort Myers, FL. 33901

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Kim S. Nagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM S. NAGLE

4-28-99

Date

941-332-7500

Daytime Phone #

CR2E034 (11/98)