SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000010508 (6) DOVE CONSTRUCTION OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 612 MARYLAND AVE. 612 MARYLAND AVE. ST. CLOUD FL 34769 ST. CLOUD FL 34769 3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3290060 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country (8) This corporation has liability for intangible tax under s. 199.032 24 25 29 30 X Yes 🗌 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANLEY, RICHARD D 3501 13TH ST. Street Address (P.O. Box Number is Not Acceptable) ST. CLOUD FL 34769 83 **84** City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or on the name of registered agent and the if applicable (NOTE: Registered Agent signature required when removating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 1.1 THEFT ___ Change ___ Addition NAME Garneau, Steven R 1.2 NAME CR2E034 STREET ADDRESS 612 MARYLAND AVE. 1.3 STREET ADDRESS ST. CLOUD FL 34769 CITY - ST - ZIP 14 CITY - ST - ZIP DELETE TITLE 2.1 DILE Change Addition NAME ENGLAS, EUGENE D 2.2 NAME 107 ZINNIA CT. STREET ADDRESS 2 3 STREET ADDRESS KISSIMMEE FL 34743 CITY - ST - ZIP 2 4 CHTY - ST - ZIP DELETE 31 TIFLE Change ____ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 THILE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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)(k). Florida Statutes 1 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 617. Florida Statutes, and that my name appears in Block 12 16 03 12 if changed or on an attachment with an address.

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-957-5393

SIGNATURE