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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000026213 (5) DOCUMENT #

DOVER CONCRETE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 26 1998 8:00am Secretary of State



2636 GLENWOOD AVE. 2636 GLENWOOD AVE. NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 59-3305635 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 **AMERILAWYER** 343 ALMERIA AVE. Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ DELETE Change Addition 1.1 TITLE TITLE DOVER, GLENN W 1.2 NAME NAME 2636 GLENWOOD AVE. 1.3 STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32168** 1.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change Addition DELETE 21 TM F TITLE DOVER, KAREN F 2.2 NAME NAME 2636 GLENWOOD AVE STREET ADDRESS 2.3 STREET ADDRESS NEW SMYRNA BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITLE DOVER, ROBERT 32 NAME NAME 2636 GLENWOOD AVE 3.3 STREET ADDRESS STREET ADORESS NEW SMYRNA BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.