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Jun 04 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000032757 (2)

1. Corporation Name

~~ALSOBROOK & DOVE, P.A.~~

ALSOBROOK, DOVE & ELLIOTT, P.A. 1/3

Principal Place of Business

Mailing Address

~~924 N GADSDEN ST.
TALLAHASSEE FL 32303~~

PO BOX 10426
TALLAHASSEE FL 32302-2426

2074 Thomasville Rd
32312

2. Principal Place of Business

2a. Mailing Address

21 2074 Thomasville Rd

26

Suite, Apt. #, etc.

22

27

Suite, Apt. #, etc.

City & State

23 Tallahassee

28

City & State

24 Zip 32312

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

DOVE, JOYCE S
924 N GADSDEN ST
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

3a. Date of Last Report

04/16/1996

4. FEI Number

Applied For

59-3372544

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

Joyce S. Dove

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

2074 Thomasville Rd

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

President

☐ Change ☒ Addition

1.2 NAME

E. Renee Alsobrook

1.3 STREET ADDRESS

P.O. Box 10426 2074 Thomasville Rd

1.4 CITY-ST-ZIP

Tallahassee FL 32302-2426

2.1 TITLE

Treasurer

☐ Change ☒ Addition

2.2 NAME

Joyce Sibson Dove

2.3 STREET ADDRESS

P.O. Box 10426 2074 Thomasville Rd

2.4 CITY-ST-ZIP

Tallahassee FL 32302-2426

3.1 TITLE

Secretary

☐ Change ☒ Addition

3.2 NAME

Madonna Finney Elliott

3.3 STREET ADDRESS

P.O. Box 10426 2074 Thomasville Rd

3.4 CITY-ST-ZIP

Tallahassee FL 32302-2426

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

800002208478

5.3 STREET ADDRESS

-06/11/97--01030--018

5.4 CITY-ST-ZIP

***165.00

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CS
6/14/97

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

Signature of Registered Agent

4/29/97 (904)

CR2E034 (9/96)