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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078059 (8)

RON DOVEY, INC.

Principal Place of Business

4930 ORANGE GROVE BLVD 4930 ORANGE GROVE BLVD NORTH FT MYERS FL 33903-5228 NORTH FT MYERS FL 33903 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 15-0711938 Not Applicable 21 26 Suite Apt. # etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zio This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOVEY, RONALD **4930 ORANGE GROVE BLVD** 82 Street Address (P.O. Box Number is Not Acceptable) NORTH FT MYERS FL 33903 83 City 84 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. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, types or printed name of registericolagent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE DOVEY, RONALD 1.2 NAME NAME 4930 ORANGE GROVE BLVD 1.3 STREET ADDRESS STREET ADDRESS NORTH FT MYERS FL 33903 1.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THUE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADORESS

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 supplied ental 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 12 if Changed, or organ juttachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

61 TITLE 62 NAME

SIGNATURE X

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7P

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1-21-9-

941-995-7805

Change

Change

Addition

Addition

FILED

Jan 28 1997 8:00am

Secretary of State

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