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

DOCUMENT # P97000024766

1. Corporation Name

A TOUCH OF ELEGANCE DOVES IN FLIGHT, INC.

<u> </u>	
Principal Place of Business	Mailing Address
2201 N CITRUS BLVD LEESBURG FL 34748	2201 N CITRUS BLVO LEESBURG FL 34748

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90059 014 ***150.00



reespone it	34/46	LEESBUNG FL 34740			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		_
l					03/14/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	•	26			59-3461106	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			At: Columnate or citates pession	Fee Re	quired:
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year in		-
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent	<u> </u>		10. Name and Address of New Registered	1 Agent	
	000W DEPP4 0		81	Name			
	SGOW, DEBRA C		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	I N CITRUS BLVD						
LEES	SBURG FL 34748		83				
			84	City		. 85 Zip C	Code
Į			04	City	FI		,,,,,
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the abov	e-named cor	rporation submits this statement for the purpose of	of changing its	registered
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	tnorized by	the corporat	tion's board of directors. I hereby accept the appe	ointment as reg	gistered
	m lamiliar with, and accept the obi	ligations of, Section 607:0303, Florid	ua Otalulos	,			,
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered Age	nt signature requi	ired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GLASGOW, DEBRA C		1.2 NAME	1			
STREET ADDRESS	2201 N CITRUS BLVD		1.3 STREE	TADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748		1.4 C/TY-S				
TITLE	VTD	☐ DELETE	2.1 TITLE	<u> </u>		Change	Addition
NAME	COTTOM, GEORGIA P	_	2.2 NAME		•		
STREET ADDRESS	2201 N CITRUS BLVD		1	TADORESS			
ì '	LEESBURG FL 34748		2. 4 C/TY-	{			
CITY-ST-ZIP	LEESBURG PL 34/48		3.1 TITLE	51-239		[] Change	Addition
			3.2 NAME			_ ·	_
NAME				TADDRESS			
STREET ADDRESS						,	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-1	51-ZIP		[7] Change	☐ Addition
TITLE	,	C) DECEIC					
NAME	,		4. 2 NAME	- 1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	IT-ZIP	<u> </u>	Change	Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Criange	☐ Modidon
NAME			5.2 NAME			•	
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			(A A A MAC)
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	}		6.3 STREE	T ADDRESS			
CITY_ST_7IP		•	6.4 CITY-5	T-ZIP			

14. 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 suppliemental 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, if on an attachment with an address without the rilke empowered.