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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046877 (1)

THE DOVE PARTNERS, INC.

Principal Place of Business

Mailing Address

FILED Jun 26 1998 8:00am Secretary of State



du 100 (000) (200

1850 PRUDEN JACKSONVILL	.E FL 32207		1650 PRUDENTIAL DRIV JACKSONVILLE FL 3220			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1997	
2. Principal Place of Business 21 10161 Centurion Pkwy 26 10161 Centur					Lun Al	4. FEI Number Applied S79 - 3560624 Not App	
Suite, Apt. #, etc.				enturion Pkmy N.			
22 [#] 150			27 #/56	·		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State 23 Jackson Ville, FL			Jacksonville, FL		=L	8, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24] 322 £		Country 25 Dava	32256	30 Dourit	ival	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	g, Name	and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
	L CORP			81	Name		
	Laura s			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
JAC	XSONVILL	.E FL 32202		L			
				83	•		
				84	City	85 Zip Code	
						poration submits this statement for the purpose of changing its register alion's board of directors. I hereby accept the appointment as register	
SIGNATURE		to proted hane of response mass	attions of Section 607.0505, F			rod when constaling) OATL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DELFTE	1.1 117(E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HORNE,	, J. REID		1.2 NAME			antion
STREET ADDRESS		ALLEY VIEW ROAD			I ADDRESS		
CITY-ST-ZIP	ATLANT	A GA 30338		1.4 CITY -			
TITLE	D		DECETE	2.1 TITLE		☐ Change ☐ Ado	dition
NAME		K, E. DOUGLAS JR		2.2 NAME			
STREET ADDRESS		NBARTON DRIVE		2.3 STREE	1 AUDRESS		
CITY-ST-ZIP		ONS ISLAND GA 315		2 4 CHY-	S1 - 7IP		
TITLE	D D	AUNI M	DELETE	3.1 11TLE		Change Add	dition
NAME	SISK , J(RTEGA BLVD		3.2 NAME			
STREET ADDRESS		NVILLE FL 32210		3 3 STHEE	1		
CITY-ST-ZIP TITLE	ONOTOC	NAMEDE 1 E OEE 10	DELLTE	3.4. CHY-	SI-ZIP	Change Little	dilion
NAME			L becare	4.1 THLE 4.2 NAME] Change] Add	лиоп
STREET ADDRESS				4.3 STREET	LADORESS		
CITY-ST-ZIP				4.5 STREET			
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Ado	dition
NAME				5.2 NAME		<u> </u>	
STREET ADDRESS				5.3 STREET	ADDRESS	2.5	علد
CITY-ST-ZIP				54 CHY-5	31 - ZIP	Q'a	-
TITLE			DELETE	TE 61 HTLE		☐ Change ☐ Add	lition
NAME		, .		6.2 NAME		60000625775;257; -96733798 - 0303 - 901	
STREET ADDRESS		L		63STREFT	ADDRESS		
CITY-ST-ZIP		M _~ L	47/	6 4 CITY - S		*** [5][1][1][1]	
officer or d	erli fy t hat the on this armu Irre cto r of thi ir B lo ck 13 d	al lepodor supplementa e depodo ition or the rega	il annua versul is true and acc	curate and th	at my sionati.	Section 119.07(3)(i), Florida Statutes. I further certify that the informature shall have the same legal effect as if made under oath; that I am a curred by Chapter 607, Florida Statules; and that my name appears in	n