## 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

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90300 025 \*\*\*150.00

DOCUMENT # P97000096229  1. Corporation Name BIG DOVE, INC.								1918 1 <b>9</b> 11 2481
Principal Place	e of Business	Mailing Address					10 10 110 01110 11010 1	
846 HWY 98 EA	AST	301 CYPRESS ST						
		DESTIN FL 32541				DO NOT WRITE IN TH	US SPACE	
destin fl 3254 US	41	U\$				Date Incorporated or Qualifed		
00						11/12/1997		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
<del></del>	iace of Busiless	26			-	59-3478802		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	_—
22 27		$\vdash$	<b></b>			5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
<b>_</b> ·		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
<del>:.1</del>	9. Name and Address of Curren					10. Name and Address of New Register	ed Agent	
			1	31 Name	•			
	NLL, ROBERT E III		-	32 Stree	Addre	ss (P.O. Box Number is Not Acceptable)		
743 HWY. 98 EAST			- 1`	52) Street Address (F.O. Box Number is Not Acceptable)				
_	E #5		[8	33				_
DESTIN FL 32541		Ļ	24 0:5:			. 85 Zip C	ode.	
			- 1	34 City		ration submits this statement for the purpose i's board of directors. I hereby accept the ap	L	1
SIGNATURE	im familiar with, and accept the obligation		Registered A		required	when reinstating) DATE		
12.		D DIRECTORS	13.		_	ADDITIONS/CHANGES TO OFFICERS		_
TITLE	PSD	☐ DELETE	1.1 TITL	E			Change	☐ Addition
NAME.	DRUETTA, ANGELA F.		1.2 NAM	_	1			
STREET ADDRESS			1.3 STR	EET ADDRESS	3			·
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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, with all other like empowered.

SIGNATURE: