FILED Apr 27, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046371

1. Corporation Name

CITY-ST-ZIP

DOVE BUILDERS OF CENTRAL FLORIDA, INC.

Principal Place	e of Business	Mailing Address	Mailing Address										
108 LAKE MINNIE DRIVE		108 LAKE MINNIE DRIVE				ĺ							
SANFORD FL 32773		SANFORD FL 32773				ļ	DO NOT WRITE IN THIS SPACE						
					- Day	DO NOT WRITE IN TH S SPACE 3. Date Incorporated or Qualifed							
							/22/199		zuanieu			Į	
		A A A A A A A A A A A A A A A A A A A					1 Number				T 1 A.	pp ied For	
2. Principal P	lace of Business	2a. Mailing Address						<i>,</i> 0		<u>'</u>	ot Applicable		
21		26 Suite Ant # etc				1-52	276	90			Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 . Ce	rtifcate of	Status De	sired 📈	- 1		equired	
22		27											
City & S ate		City & State						npaign Fir	*			May Be to Fees	
23		28 7in	ntn/	Trust Fund Contribution 8. This corporation owes the curr						10 1 003			
Zip	Country	Zip	Country			1					Yes	MNO	
		29				Personal Property Tax. Yes SQNo 10. Name and Address of New Registered Agent							
	9. Name and Add ess of Curre	nt Registered Agent	-	81	Name								
WHIGHAM, FRANK C				THOMA			AS R CASON						
	W. FIRST STREET					Address (P.O.							
	FORD FL 32771		83	108	3 LAKE	: MI	NNIG	ソル					
OFIN	TOND TE SZITT			83									
				84	City					F, 8	5 Zip	Code	
					SA	NI FORD) 			<u> Fl</u>		773	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statu (es, the al uthorized	bove-⊩ I by th	named o ne corpo	corporation su pration's board	bmits this of cirecte	statemen ors. I herel	t for the purp by accept the	ose of cha appointme	nging its ent as re	egistered	
agent a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Stati	utes.							1 1	1	
SIGNATURE.	Thomas R Case	- President T	Home	45_	<u> 2 </u>	<u> </u>				3)	/1/9	<u> </u>	
Signature, typed or printed name of registered agent, and title if applicable. (NOTI: Reg				gistered Agent signature require				CHANGE	 -		NDECT	OF 6 IN 12	
12.	D OFFICERS AND DIRECTORS DELETE			13. 1.1 TITLE T		PRESID &?	AT CA	CHANGES	TO OFFICE	A SUCERIZ	Change	Addition	
TITLE	D COMMINGUIANA FRANK C	M DELETE	1			THOMA	5 0	CASA	(v) (V)	rect	. ~		
NAME	WHIGHAM, FRANK C	U 12		12 NAME 1.3 STREET ADDRESS 1 (HOCK	ρr	İ	
STREET ADDRE IS			1							2		ļ	
CITY-ST-ZIP	SANFORD FL 32771	[] per ere	_	TY-ST-	ZIP	SAN FOI	<u>(LI)</u>	7-	3611		Change	☐ Addition	
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NAME			8		2.2 NAME							ļ	
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NAME			4. 2 N	AME									
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CITY-ST-ZIP			5 4 C	ITY-ST-	ZIP								
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NAME			6.2 N	AME								i	
STREET ADDRESS			6.3 STR										
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14. I herebi/ 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 recuired 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

467-330-2082