

07-22-1999 90009 004 1150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079869

1. Corporation Name
DOGLE, INC.

Principal Place of Business
9840 WEDGEWOOD LANE
LEESBURG FL 34788-3535

Mailing Address
9840 WEDGEWOOD LANE
LEESBURG FL 34788-3535

FILED

99 SEP 21 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 812 CASCADE AVE		26 812 CASCADE AVE		09/09/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-3539504	
23 City & State		28 City & State		5. Certificate of Status Desired	
LEESBURG FLORIDA		LEESBURG, FL.		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
34748		34748		Trust Fund Contribution	
25 Country		30 Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
LAKE		LAKE		7. This corporation owes the current year	
				Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GROOVER, DEBORAH H 9840 WEDGEWOOD LANE LEESBURG FL 34788-3535				81 Name GROOVER, DEBORAH H.	
				82 Street Address (P.O. Box Number is Not Acceptable) 812 CASCADE AVENUE	
				83 LEESBURG, FL	
				84 City	
				FL 85 Zip Code	
				34748	

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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	GROOVER, DEBORAH H	1.2 NAME	GROOVER, Deborah H.
STREET ADDRESS	9840 WEDGEWOOD LANE	1.3 STREET ADDRESS	812 CASCADE AVENUE
CITY-ST-ZIP	LEESBURG FL 34788-3535	1.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Deborah H. Groover, Director

7/15/99

0516

Date

Daytime Phone #

CR26034 (5/89)

Sept. 14, 1999

Director, Annual Reports Filings
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Dear Sir:

This letter is in response to the two letters I received from your office concerning my corporate fees and annual report due this year. As directed via telephone by your staff, I sent a letter of explanation of tardiness to one address, and a check for \$150.00 and a filing form to another. I then received two separate letters, stating that the form was incorrect, that I had not sent an annual report, and another letter, stating that you had not received my check for \$ 150.00.

I have checked my bank records, and the check was deposited to the corporate account. On calling your office about August 25, I learned that there may have been some miscommunication in your office and that I should write you a letter and give you this information. The young lady I spoke to was very helpful, and indicated that since the check was deposited, that it was accepted for payment, contrary to the information in the letters.

Please respond at your earliest convenience, as I would like to like to conclude this business. The new address is : Dogleg, Inc. 812 Cascade Ave, Leesburg, FL 34748.

Sincerely,


Deborah H. Groover, DVM
President, Dogleg, Inc.

02/22/99 9889 084

(352-314-0917)
352-323-0514