

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V22314** (1)

1. Corporation Name

DOVE BRUSH MANUFACTURING, INC.



Principal Place of Business

**280 TERRACE ROAD
TARPON SPRINGS FL 34689**

Mailing Address

**280 TERRACE ROAD
TARPON SPRINGS FL 34689**

2. Principal Place of Business

2a. Mailing Address

21	Subs. Apt. #, etc.	26	Subs. Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**DOVELLOS, GEORGE N.
280 TERRACE ROAD
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified

03/17/1992

3a. Date of Last Report

04/04/1995

4. FET Number

59-3116380

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.012,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0309 and 607.0310, Florida Statutes, the above named Corporation hereby certifies the 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. The entity is not the appointment of a registered agent. I am familiar with and accept the obligations of Section 607.0309, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETED
NAME	DOVELLOS, GEORGE N.	
STREET ADDRESS	280 TERRACE ROAD	
CITY-STATE-ZIP	TARPON SPRINGS FL	
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute the exemption stated in Section 119.07(6)(k), Florida Statutes. I further certify that the information indicated on this form is true and correct 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 registered agent, or the person authorized to sign 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 my address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)