

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 JAN 20 AM 11:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 736551 (3)**  
1. Corporation Name  
**COVERT III ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE:

Principal Place of Business: **5211 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**  
Mailing Address: **717 GALLANT FOX LANE  
UNION KY 41091  
US**

3. Date Incorporated or Qualified: **08/06/1976** 3a. Date of Last Report: **03/03/1994**  
4. FEI Number: **59-1892899** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** 2a. Mailing Address: **25**  
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**  
City & State: **23** City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**NAMACK III, WILLIAM H.  
27 SOUTH ORANGE AVENUE  
SARASOTA FL 33577**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>
NAME	<b>HARMEILING, BERNARD</b>
STREET ADDRESS	<b>717 GALLANT FOX LANE</b>
CITY-ST-ZIP	<b>UNION KY</b>
TITLE	<b>VD</b>
NAME	<b>CLAESCHER, CHARLES</b>
STREET ADDRESS	<b>5635 MAPLERIDGE DRIVE</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>
TITLE	<b>PD</b>
NAME	<b>BAUER, GENE</b>
STREET ADDRESS	<b>2155 FAIRWAY BLVD.</b>
CITY-ST-ZIP	<b>HUDSON OH</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>700001390277</b>
1.3 STREET ADDRESS	<b>-01/26/95--01061--003</b>
1.4 CITY-ST-ZIP	<b>***130.00 ***130.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard Harmeling Bernard H. Harmeling STD 13 Jan 95 (06) 227-3605  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #