FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000172 (6)**

1. Corporation Name
COVER-RITE CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
3105 CENTRAL WINFIELD KS 67156	3105 CENTRAL WINFIELD KS 67156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/12/1994	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number
48-1141692
☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 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 _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PDC	11 TITLE	☐ Change ☐ Addition
12 NAME	RICHARDSON, JEFFREY D	12 NAME	
13 STREET ADDRESS	3105 CENTRAL	13 STREET ADDRESS	
14 CITY, ST, ZIP	WINFIELD KS 67156	14 CITY, ST, ZIP	
21 TITLE	VCST	21 TITLE	☐ Change ☐ Addition
22 NAME	RICHARDSON, LAURA	22 NAME	
23 STREET ADDRESS	3105 CENTRAL	23 STREET ADDRESS	
24 CITY, ST, ZIP	WINFIELD KS 67156	24 CITY, ST, ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY, ST, ZIP		34 CITY, ST, ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY, ST, ZIP		44 CITY, ST, ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 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 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: Laura Richardson LAURA RICHARDSON 4/28/95 316-221-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0490186 FN

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **F94000000871 (3)**

1. Corporate Name

RECOVERY WORKS, INCORPORATED

95 APR 21 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
209 S. GAYOSO ST. NEW ORLEANS LA 70119	209 S. GAYOSO ST. NEW ORLEANS LA 70119

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report:
4. FEI Number: 72-1148350 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 2740 IBERVILLE ST.
22: Suite, Apt. #, etc.
23: NEW ORLEANS, LA
24: 70119 Zip
25: USA Country

2a. Mailing Address
26: P.O. BOX 19227
27: Suite, Apt. #, etc.
28: NEW ORLEANS, LA
29: 70179-0227 Zip
30: USA Country

5. Certificate of Status Desired ☑ **$8.75** 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DANNENBAUM, PAUL O
535 OAKS DR.
APT. 309
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: N/A
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 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: _____ DATE:
Signature of new registered agent and title, if applicable (Part 10) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT D	☑ Change ☐ Addition
NAME	BROWN, WALTER L JR	12 NAME	MADLYN BAGNERIS	
STREET ADDRESS	379 BELLAIRE DR.	13 STREET ADDRESS	2440 GENERAL PERSHING ST.	
CITY ST ZIP	NEW ORLEANS LA 70124	14 CITY ST ZIP	NEW ORLEANS, LA 70115	
TITLE	SD	21 TITLE	TREASURER	☑ Change ☐ Addition
NAME	BAGNERIS, MADLYN	22 NAME	CHARLES ROMANO	
STREET ADDRESS	4314 S. MIRO	23 STREET ADDRESS	112 E. GATEHOUSE DR. SUITE B	
CITY ST ZIP	NEW ORLEANS LA	24 CITY ST ZIP	METAIRIE, LA 70001	
TITLE	TD	31 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	ROMANO, CHARLES	32 NAME	RILEY H. VENABLE	
STREET ADDRESS	3901 N. I-10 SERVICE RD., #H-257	33 STREET ADDRESS	824 OAK AVE.	
CITY ST ZIP	METAIRIE LA 70002	34 CITY ST ZIP	KARAHAN, LA 70123	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/25/95 504 522 3461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074493