

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02129 (7)

1. Corporation Name

COVE SOCCER, INC.

Principal Place of Business

Mailing Address

214 N. MACARTHUR AVE.
P.O. BOX 983 (32402)
PANAMA CITY FL 32401

214 N. MACARTHUR AVE.
P.O. BOX 983 (32402)
PANAMA CITY FL 32401

2. Principal Place of Business

2a. Mailing Address

21 1219 DEWITT ST.
Suite, Apt. #, etc.

26 1219 DEWITT ST.
Suite, Apt. #, etc.

22 1219 DEWITT ST.
City & State

27 1219 DEWITT ST.
City & State

23 PANAMA CITY, FL.
Zip

28 PANAMA CITY FL.
Zip

24 32401
Country USA

29 32401
Country USA

9. Name and Address of Current Registered Agent

CLAYTON, JOHN H.
214 N. MACARTHUR AVE.
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

03/22/1984

3a. Date of Last Report

08/11/1995

4. FEI Number

59-2399324

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

10. Name and Address of New Registered Agent

81 Name

DAVID ALCOCK

82 Street Address (P.O. Box Number is Not Acceptable)

1219 DEWITT ST.

83

84 City

PANAMA CITY

FL

85 Zip Code

32401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STEWART, RICHARD
STREET ADDRESS 218 S. CLAIRE DR
CITY-ST-ZIP PANAMA CITY, FL 32401 ☒ DELETE

TITLE VD
NAME WINSETT, DAVID
STREET ADDRESS 710 OAK AVE
CITY-ST-ZIP PANAMA CITY FL ☒ DELETE

TITLE TD
NAME CLAYTON, JOHN
STREET ADDRESS 214 N. MACARTHUR AVE.
CITY-ST-ZIP PANAMA CITY FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD
ALCOCK, DAVID
1219 DEWITT ST.
PANAMA CITY FL 32401 ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD
Lynch Thomas E
1401 DEWITT ST
Panama City FL 32401 ☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD
SUSAN MORRISON
100 COVE TER. LAKE
PANAMA CITY FL 32401 ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Alcock 904-763-5398
7-29-96
0016617

CR2E037 (3/96)