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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N25236 (3)

1. Corporation Name

COVINGTON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
543 ORANGE AVE SUITE A DAYTONA BEACH FL 32114 US	543 ORANGE AVE SUITE A DAYTONA BEACH FL 32114-4265 US

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

3. Date Incorporated or Qualified: 03/07/1988
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2880288 ☐ 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

WILLIAMS, S. LARUE
150 SOUTH PALMETTO
DAYTONA BEACH FL 32114

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 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 ______________________
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	DP	☐ DELETE
NAME	COVINGTON, SYLVESTER	
STREET ADDRESS	663 MADISON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DV	☐ DELETE
NAME	COVINGTON, GARRETTE B.	
STREET ADDRESS	663 MADISON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ DELETE
NAME	PRIMUS, BOBBIE J.	
STREET ADDRESS	528 FRED GAMBLE WAY	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	DT	☐ DELETE
NAME	BURTON, ETHELREDA T	
STREET ADDRESS	339 MARTIN LUTHER KING	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ DELETE
NAME	KENNEDY, KEITH	
STREET ADDRESS	1200 VOLUSIA AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ DELETE
NAME	WASHINGTON, JACKIE	
STREET ADDRESS	1200 VOLUSIA AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Board Director	☐ Change ☑ Addition
1.2 NAME	Robert W. Sessoms, MD	
1.3 STREET ADDRESS	120 S. Caroline Street	
1.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [illegible signature] Sylvester Covington [illegible]