

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 543 ORANGE AVE SUITE A DAYTONA BEACH FL 32114 US	Mailing Address 543 ORANGE AVE SUITE A DAYTONA BEACH FL 32114 US
--	--

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

3. Date Incorporated or Qualified 03/07/1988	4. FEI Number 59-2880288	Applied For ☒ OK 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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

14. I 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: *Sylvester Covington* **Sylvester Covington President** *94-254-3590*
952-7778

CR2E037 (10/97)