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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25236

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/07/1988

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
COVINGTON, SYLVESTER
663 MADISON AVENUE
DAYTONA BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV
COVINGTON, GARRETTE B.
663 MADISON AVENUE
DAYTONA BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PRIMUS, BOBBIE J.
528 FRED GAMBLE WAY
ORMOND BCH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DT
BURTON, ETHELREDA T
339 MARTIN LUTHER KING
DAYTONA BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
KENNEDY, KEITH
1200 VOLUSIA AVE
DAYTONA BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
WASHINGTON, JACKIE
1200 VOLUSIA AVE
DAYTONA BEACH FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99(904) 253-2887
Date Daytime Phone #

CR2E037 (11/98)