FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN	MENT # P3186 2	2 (6)				1			
	UCOVER, INC.								
Punopa: Place of Business Mailing Address									
2104 LEWIS TURNER BLVD. FT. WALTON BEACH FL 32547-1316		2104 LEWIS TURNER BLVD. FT. WALTON BEACH FL 32547-1316							
						3. Date Incorporated or Qualified 11/16/1990	3a. D:	ate of Last Re 09/22/19	
2. Panopa! Pla	Principal Place of Business 2a. Making Andres 26		;			4. FEI Number 59-2999121			Applied For
Sufe, Apt. #		Suite, Apt. #, etc.							Not Applicable Additional
2		27			5. Certificate of Status Desired	X		Required	
City & State 3.		Oity & State				6. Election Campaign Financing Trust Fund Contribution		-	0 May Be d to Fees
Zip	Country 25	Ζφ.	Cou	intry		8. This corporation has liability for	intangible		
	9. Name and Address of Current	- Line -				10. Name and Address of New F		d Agent	
				81	Name				
	, robert Ewis Turner Blvd.		82 Street Ac		Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
	LTON BEACH FL 32548	1		83					
				84	City			85 Zu	p Code
or registere familiar wit	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	ι. Such change was autho	rized by the c	t—L corpc	amed corpora oration's boar	ation submits this statement for the pu d of directors. Thereby accept the app	rpose of c ointment	changing its r as registered	egistered office agent. I am
S:GNATURE _	Spales bosio problimos dreguere Lajona		fulle Bijstere:	I Agree	signature required	when reinstating	DA L	· · · · · - ·	
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS A		
THUE NAME	PTS Helms, Robert	רין מנוניונ		1 1 TOLF 1 2 NAME				Change	Add from
STEEL ACORESS	2104 LEWIS TURNER BLVD.				ADDRESS				
CITY ST ZIP	FT. WALTON BEACH FL			11Y-\$1					
H'th	D	☐ DELETE	2 11	(T) F				Change	☐ Addition
NAME	HELMS, ROBERT		2 2 N	AME					
STREET ACORESS	2104 LEWIS TURNER BLVD.				ADDRESS				
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NAME			37 N						
			33\$	FREEL	ADDRESS				
STELLE ADDRESS									
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4. I do hereby certify that the information supplied with this fiting 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 logal 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 or planged, or on an attaching on with an address.

SIGNATURE:

GATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon 26, 1996 904.862.4448

R2E034 (12/95)