

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Montvorn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042030 (5)

1. Corporation Name:

COVE SALES & ENGINEERING, INC.

Principal Place of Business

217 ISLAND DR.
JUPITER FL 33477

Mailing Address

217 ISLAND DR.
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0420330

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 § 199.03?
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHROEDER, E S
1800 S AUSTRALIAN AVENUE
SUITE 205
WEST PALM BEACH FL 33409

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0605 and 607.1508, 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 Sections 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed Name of Registered Agent)

Signature of Registered Agent (Typed Name of Registered Agent)

Signature of Registered Agent (Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SCHROEDER, E S
STREET ADDRESS	1800 SOUTH AUSTRALIAN AVE.
CITY, ST, ZIP	WEST PALM BEACH FL 33409
TITLE	PD
NAME	CHUCHMAN, GEORGE
STREET ADDRESS	217 ISLAND DR.
CITY, ST, ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
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TITLE	
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STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	CHUCHMAN GEORGE
7. STREET ADDRESS	208 SPH GLASS LAKE
8. CITY, ST, ZIP	JUPITER FL
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(2)(b), Florida Statutes. I further certify that this information is not being furnished for the purpose of obtaining a fee and a state seal and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the officer or director empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I am not a registered agent with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1 / 95

575-7351