

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000081483 (7)

1. Corporation Name

COVE ELECTRONICS, INCORPORATED

Principal Place of Business

2407 HIGHWAY 231  
PANAMA CITY FL 32405

Mailing Address

5628 MARTIN COURT  
PANAMA CITY FL 32404-6114



3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

06/28/1996

4. FEI Number

59-3276056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FLOYD, BETTY JEAN LEE  
5628 MARTIN COURT  
PANAMA CITY FL 32404

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 607.0502 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, Section 607.0505, 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	P	<input type="checkbox"/> DELETE
NAME	FLOYD, BETTY JEAN LEE	
STREET ADDRESS	5628 MARTIN COURT	
CITY - ST - ZIP	PANAMA CITY FL 32404	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEE, JEFFERY H	
STREET ADDRESS	2205 W. 12TH STREET	
CITY - ST - ZIP	PANAMA CITY FL 32404	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, ESTHER L	
STREET ADDRESS	2205 W. 12TH STREET	
CITY - ST - ZIP	PANAMA CITY FL 32404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, CECIL F	
STREET ADDRESS	2205 W. 12TH STREET	
CITY - ST - ZIP	PANAMA CITY FL 32404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, KRISTINA M	
STREET ADDRESS	5628 MARTIN COURT	
CITY - ST - ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE:

Betty Jean Lee Floyd

Betty Jean Lee Floyd

4-5-97

(904) 763-0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062234

CR2E034 (9/96)