## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REF <b>1996</b>	10	<b>***</b> *********************************	etary of State  F CORPORATIONS		
DOCUMEN 1. Corporation Name	r# <b>P</b> 9500	0050895 (8	3)		
COVENANT CO	ONTRACTING OF 1	THE SOUTH, INC.			
Principal Place of Busine	988	Mailing Address			
1505-A SOUTH FERDON CRESTVIEW FL 32536	BOULEVARD	1505-A SOUTH FERDON BOULEVARD CRESTVIEW FL 32536			
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1995	
2. Principal Place of But	siness	2a. Mailing Address		4. FET Number Applied For Not	
Suite, Apt #, etc		26   Suite, Apt. #, etc.		\$8.75 Additions	
22 Suite, Apr. #, etc		27 Suite, Apr. #, 8tc.		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Flection Campaign Financing \$5.00 May Be	
23	T A	28		Trust Fund Contribution Added to Fees	
Z <sub>I</sub> p	Country 25	2ip	Country 30	8. This corporation has fiability for intangible tax under s 199 03:  Florida Statutes Yes No	
	ne and Address of Curre			10. Name and Address of New Registered Agent	
	CLAYTON JR. ITH FERDON BOULEV   FL 32536	/ARD	<b>62</b> Stree	et Address (P.O. Box Number is Not Acceptable)	
•			<b>84</b> City	FL 85 Zip Code	
office or registered agent. I am familiar SIGNATURE	agent, or both, in the Stat	e of Florida, Such change wa gations of, Section 607.0505,	is authorized by the co	ed corporation submits this statement for the purpose of changing its register proporation's board of directors. I hereby accept the appointment as registered above the appointment as registered above registered above registered.	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
. FITLE		DELETE	1.1 TITLE	PRES. DENT Change Ad	
NAME			1.2 NAME	Kenneth Clanton Post y III	
STREET ADDRESS				55 730,527 37-1-1-27 27-27	
C(TY - ST - ZIP TITLE		DELETE	1 4 CITY - ST - ZIP 2 1 TITLE	Crestu, C., FL 32536	
NAME		<u> </u>	2 2 NAME		
STREET ADDRESS			23 STREET ADDRES	ss	
CITY-Sf-ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE	Change Ad	
NAME			3.2 NAMÉ		
STREET ADDRESS			3.3 STREET ADDRES	ss	
CITY - ST - ZIP		DELETE	34 CITY-ST-ZIP	Change Ad	
TITLE			4 1 TITLE	Change Ad	
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRES	22	
CHTY-ST-ZIP			4.4 CITY - ST - ZIP	~	
TITLE		DELETE	5 1 TITLE	Change Ad	
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRES	SS	
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE	Change Ad	
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	28	

14. I do hereby certify that the information supplied with this filing 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 legal effect as if made under oath. That I are 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 change or organization and address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-SI-ZIP

THE THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR K. CCATTON POSET-TR 8/6/75