

**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  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000091788 (6)**

1. Corporation Name

**COVENANT PAINTING, INC.**



Principal Place of Business

Mailing Address

**6403 N. ARMENIA #102  
TAMPA FL 33604**

**6403 N. ARMENIA #102  
TAMPA FL 33604**

3. Date Incorporated or Qualified  
**11/27/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **6421 N. Armenia**

26 **SAME**

Suite, Apt #, etc.

Suite, Apt #, etc.

22 **202**

27

City & State

City & State

23 **Tampa FLA**

28

24 **33604**

Country

29

25 **FL**

Country

30

4. FEI Number  
**59-3346746**

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 s. 199.032,  
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODWARD, JIM  
6403 N. ARMENIA #102  
TAMPA FL 33604**

81 Name  
**Francis C. Kinney IV**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6413 N. Armenia #101**

83

84 City  
**Tampa, Florida**

FL

85 Zip Code  
**33604**

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 **Francis C. Kinney IV**

**Vice President**

**6-19-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **WOODWARD, JIM**  
CITY-ST-ZIP **6403 N. ARMENIA #102**  
**TAMPA FL 33604**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Vice PD**  
1.3 STREET ADDRESS **KINNEY, FRANCIS IV**  
1.4 CITY-ST-ZIP **6413 N. ARMENIA #202**  
**Tampa FL 33604**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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.

SIGNATURE: **James D. Woodward** President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-19-96 813-932-5034**

CR2E034 (3/96)