

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005096

1. Corporation Name

COVENANT GROUNDSKEEPING INC.

Principal Place of Business

21506 MANATEE AVENUE
PORT CHARLOTTE FL 33952

Mailing Address

21506 MANATEE AVENUE
PORT CHARLOTTE FL 33952

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90112 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

NEW NUMBER
65-0648867 65-0777630

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PRICE, KENNETH
21506 MANATEE AVENUE
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

MICHAEL E. HARPER

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

24710 TANGERINE AVE

83

84 City

PUNTA GORDA

FL

85 Zip Code

33980

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

Michael E. Harper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME PRICE, KENNETH J
STREET ADDRESS 21506 MANATEE AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE
NAME HARPER, MICHAEL E
STREET ADDRESS 24710 TANGERINE AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33980

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME HARPER MICHAEL E
1.3 STREET ADDRESS 24710 TANGERINE AVE
1.4 CITY-ST-ZIP PUNTA GORDA FL 33980

2.1 TITLE D/P ☐ Change ☒ Addition
2.2 NAME SUSAN M. HARPER
2.3 STREET ADDRESS 24710 TANGERINE AVE
2.4 CITY-ST-ZIP PUNTA GORDA FL 33980

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Michael E. Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-99 (941) 625 0665
Date Daytime Phone #

CR2E034 (1/198)