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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 07 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

P96000019906 (2) DOCUMENT #

**GOTCHA COVERED INCORPORATED** 

Principal Place of Business Mailing Address 12448 HARPER ST 12448 HARPER ST SPRING HILL FL 34608 SPRING HILL FL 34608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-3364560 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLANEY, DARLENE 12448 HARPER ST 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34608 83 84 City 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 trie if applicable (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Addition TITLE Change 1.1 TITLE **BLANEY, DARLENE** NAME 1.2 NAME 12448 HARPER ST STREET ADDRESS 1.3 STREET ADDRESS **SPRING HILL FL 34608** CITY-ST-7E 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY+ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or over a state through with an addition. Block 12 or Block 13 if changed, or or

6.4 CITY - S1 - ZIP