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May 08 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 # P96000028600 (0)

1. Corporation Name
ROYAL COVENANT SERVICES, INC.



Principal Place of Business
442 N. DILLARD STREET
SUITE 2
WINTER GARDEN FL 34787

Mailing Address
442 N. DILLARD STREET
SUITE 2
WINTER GARDEN FL 34787-2817

3. Date Incorporated or Qualified 04/01/1996
3a. Date of Last Report

2. Principal Place of Business
21 214 S. DILLARD STREET
Suite, Apt. #, etc.
22
City & State
23 WINTER GARDEN, FL.
Zip Country
24 34787 25 ORANGE
26 214 S. DILLARD ST.
Suite, Apt. #, etc.
27
City & State
28 WINTER GARDEN, FL.
Zip Country
29 34787 30 ORANGE.

4. FEI Number ☒ 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
JOHNSON, WADE F JR
118 E. JEFFERSON STREET
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME HUGHEY, MELLISSA
STREET ADDRESS 442 N. DILLARD STREET, SUITE 2
CITY-ST-ZIP WINTER GARDEN FL 34787
TITLE D ☐ DELETE
NAME ANDREWS, JOSEPH III
STREET ADDRESS 442 N. DILLARD STREET, SUITE 2
CITY-ST-ZIP WINTER GARDEN FL 34787
TITLE D ☐ DELETE
NAME HARVEY, LEE
STREET ADDRESS 442 N. DILLARD STREET, SUITE 2
CITY-ST-ZIP WINTER GARDEN FL 34787
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 ☒ Change ☐ Addition
1.2 NAME HUGHEY, MELLISSA
1.3 STREET ADDRESS 442 N. DILLARD ST
1.4 CITY-ST-ZIP WINTER GARDEN, FL. 34787
2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME ANDREWS, JOSEPH III
2.3 STREET ADDRESS 442 N. DILLARD ST.
2.4 CITY-ST-ZIP WINTER GARDEN, FL. 34787
3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME HARVEY, LEE
3.3 STREET ADDRESS 442 N. DILLARD ST.
3.4 CITY-ST-ZIP WINTER GARDEN, FL. 34787
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 407-654-3100
Date Daytime Phone #

CR2E034 (9/96)