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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028600

Principal Place of Business

ROYAL COVENANT SERVICES, INC.

214 S DILLARD ST WINTER GARDEN FL 34787 US		214 S DILLARD ST WINTER GARDEN FL 34787 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed OA(0.1/10.0C)				
		2 Mail: Address			04/01/1996 4. FEI Number			Ann	lied For
,	ace of Business	2a. Mailing Address			59-3370360	<i></i> -	\vdash	<u> </u>	Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			_		\$8.7		ditional
-	#, etc.	27			5. Certifcate of Status Desired			e Req	
22 City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			.00 N	lay Be Fees
Zip 24	Country 25	Zip 30	Country		This corporation owes the current yes Personal Property Tax.	[Yes	[∃No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Regist	tered A	gent		
	1001 WIDE E 12		81	Name					
JOHNSON, WADE F JR 118 E. JEFFERSON STREET			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32801		83					•	
			84	City			85	Zip C	ode
				<u> </u>	poration submits this statement for the purpo	FL		a ita -	ngictored
12.		AND DIRECTORS	13.	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRE		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					inge	Magicon
NAME.	HUGHEY, MELLISSA		1.2 NAME						
STREET ADDRESS	214 S DILLARD ST			T ADDRESS					
CITY-ST-ZIP	WINTER GARDEN FL	□ DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP			Cha	nge	Addition
TITLE	d Andrews, Joseph III	C Other	2.2 NAME					. •	_
NAME STREET ADDRESS	214 S DILLARD SR		1	T ADDRESS		-			
	WINTER GARDEN FL		2.4 CITY-5						
CITY-ST-ZIP	D	☐ DELETE	3.1 TITLE	<u> </u>			Cha	inge	☐ Addition
NAME	HARVEY, LEE		3.2 NAME						
STREET ADDRESS	214 S DILLARD ST		3.3 STREE	T ADDRESS					•
CITY-ST-ZIP	WINTER GARDEN FL		3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Cha	nge	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			-		ED Addition
TITLE		☐ DELETE	5.1 TITLE				Chí	ang e	Addition
NAME			52 NAME	T 4800500	•				
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-S 6.1 TITLE	ST-ZIP			[☐ Cha	nne	Addition
TITLE	•	☐ DELETE					LJona	ange	L_I Addition
NAME			6.2 NAME	T 1000E33					
STREET ADDRESS			6.3 STREE	TADDRESS					

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY ST ZIP

MARCH 8, 1999 407-654-3100

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90037 050 ***150.00