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

0025320

DOCUMENT # P96000030623

1. Corporation Name

COVENTRY WOODS, INC.

Principal Place of Business	Mailing Address
3869 S. NOVA RD. PORT ORANGE FL 32127	3869 S. NOVA RD. PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/09/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **59-3373049**	Applied For / Not Applicable
21		26			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
GRANT, EDWARD R 3369 S. NOVA RD. PORT ORANGE FL 32127	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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE _____

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE D	☑ Change ☐ Addition
NAME GRANT, EDWARD R		1.2 NAME ANITA P. GRANT	
STREET ADDRESS 873 HEWITT DR.		1.3 STREET ADDRESS 873 HEWITT DR.	
CITY-ST-ZIP PORT ORANGE FL 32127		1.4 CITY-ST-ZIP PORT ORANGE, FL. 32127	
TITLE D	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME SCOTT, JIM C		2.2 NAME	
STREET ADDRESS 3063 S. PENINSULA DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32118		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: EDWARD R. GRANT DIRECTOR _Edward R Grant_   APRIL 23, 1999   (904) 761-8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)