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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P97000008739 (9)

Mailing Address

EZ COVERS, INC.

FILED
May 04 1998 8:00am
Secretary of State

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JACKSONVIL		13771 SPANISH MARSH TRAIL JACKSONVILLE FL 32225				DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualified 01/23/1997				
<del></del>	lace of Business	ê ~	2a. Mailing Address			4. FEI Number 59-3432317	Applied For			
21	# - A -	26				37-3432317				
Suite, Apt.	#, etc.	27 Suile, Api. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
City & State	6	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip Country 30			<i>(</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent			
M	AYOOTT, CLIFFORD A JR.			81	Name					
13771 SPANISH MARSH TRAIL					Street Ad	dress (P.O. Box Number is Not Acceptable)				
JA	CK\$ONVILLE FL 32225			83						
				84	City	F	85	Zip Code	;	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	a Statutes, the	abov	e-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of chang	ing its reg	jistered	
agent. I a	m familiar with, and accept the obt	igations of, Section 607.0	505, Florida St	atute	s.	buon's board of directors. Thoroby decept the a	3pointino	ili də loğla	, crod	
SIGNATURE	Signature, lyped or printed name of registered	anent and title if applicable	/NOTE: Begiste	ed An	eni siulisancia Ins	julred when reinstating) DATE			i	
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	VD DIREC	CTORS IN	12	
TITLE	D	☐ DEL	ETE 1.1	TITLE	T		☐ Cha	ange 🔲	Addition	
NAME	YOUNG, JAMES O JR.		1.2	NAME					ĺ	
STREET ADDRESS	13806 SPANISH MARSH T	rail	1.3	STREET	T ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4	CITY-9	ST-ZIP				l	
TITLE	0	☐ DEL	ETE 2.1	TITLE			☐ Cha	ange 🔲	Addition	
NAME	MAYCOTT, CLIFFORD A J	R.	2.2	NAME					l	
STREET ADDRESS	13771 SPANISH MARCH T		2.3	STREET	T ADDRESS				l	
CITY-ST-ZIP	JACKSONVILLE FL 32225				ST - ZIP					
TITLE		☐ DEL		TITLE			☐ Ch	ange 🔲	Addition	
NAME			3.2	NAME					İ	
STREET ADDRESS			3.3	STREET	T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		☐ DEL		TITLE	<del></del>		☐ Cha	ange 🔲	Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3	STREET	T ADDRESS					
CITY-ST-ZIP			4.4	CITY-S	ST-ZIP					
TITLE	<del></del>	☐ DEL		TITLE			Cha	ange 🔲	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	T ADDRESS					
CITY-ST-ZIP			5.4	CITY-S	ST - ZIP					
TITLE		☐ DEL		TITLE			Cha	ange 🔲	Addition	
NAME			6.2	NAME					l	
STREET ADDRESS			6.3	STREET	T ADDRESS					
CITY-ST-7IP					ST-7IP					

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.