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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000055935** (5)

COVERALL OF JACKSONVILLE, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7726 GREENWICH CT. W. 7726 GREENWICH CT. W JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For EI_Number 26 7786 Greenwick Ctw 7126 Greenwick (+ W Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 TACKSONVILLE Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No DUVAL Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 WALKER, WANDA K 7726 GREENWICH CT. W. 82 JACKSONVILLE FL 32277 83 84 TA CK sonville 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. WHIKER SIGNATURE. CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change 1 1 TITLE TITLE NANDA WAIKER NAME Phillip Eldridge 1.2 NAME 7726 Greenwichct W STREET ADORESS 1773 bavis Road 1.3 STREET ADDRESS Jacksonville, FL 32277 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE Arnette Wilson NAME 22 NAME 3504 Rogers Road 23 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32277 CITY-ST-2IP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE Change TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4.1 Title TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 2IP DELETE 51 TITLE Change Addition TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or an attachment with an address.

SIGNATURE: WAR da Walker WANDA WAINE NUE-DEC. 4/18/68 904-743-2587