

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 SEP 22 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

001224

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000052788

1. Corporation Name

COVILLE, INC.

Principal Place of Business

3005 W LAKE MARY BLVD SUITE 124  
LAKE MARY FL 32746

Mailing Address

3005 W LAKE MARY BLVD SUITE 124  
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

59-3524704

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 owes the current year  
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

COHEN, BENN

3005 W LAKE MARY BLVD SUITE 124  
LAKE MARY FL 32746

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D COHEN, BENN  
STREET ADDRESS  
3005 W LAKE MARY BLVD SUITE 124  
CITY-STATE-ZIP  
LAKE MARY FL 32746

TITLE ☐ DELETE

NAME  
D SOMMERVILLE, THOMAS  
STREET ADDRESS  
1221 ERIK COURT  
CITY-STATE-ZIP  
ALTAMONTE SPRINGS FL 32773

TITLE ☐ DELETE

NAME  
D SOMMERVILLE, WALTER  
STREET ADDRESS  
405 SOUTH COUNTRY CLUB ROAD  
CITY-STATE-ZIP  
LAKE MARY FL 32746

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

100002996871--5

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

-09/24/99-01988-0110

\*\*\*1100.00 \*\*\*550.00

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

KE

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CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000070378

1. Corporation Name  
COHEN AND  
SOMMERVILLE INC.

Principal Place of Business

3005 W LAKE MARY BLVD SUITE 124  
LAKE MARY FL 32746

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LAKE MARY FL 32746

FILED

99 SEP 22 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-3347103	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes the current year Intangible Personal Property.	Yes No

9. Name and Address of Current Registered Agent

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3005 W LAKE MARY BLVD SUITE 124  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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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	1.1 TITLE	Change Addition	
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS	800002996870--3	
CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	-09/24/99--01088--010	
TITLE	2.1 TITLE	***1100.00 ***550.00	
NAME	2.2 NAME	Change Addition	
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-STATE-ZIP	2.4 CITY-STATE-ZIP		
TITLE	3.1 TITLE	Change Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-STATE-ZIP	3.4 CITY-STATE-ZIP		
TITLE	4.1 TITLE	Change Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-STATE-ZIP	4.4 CITY-STATE-ZIP		
TITLE	5.1 TITLE	Change Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-STATE-ZIP	5.4 CITY-STATE-ZIP		
TITLE	6.1 TITLE	Change Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-STATE-ZIP	6.4 CITY-STATE-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

BENN COHEN 9-13-99 322-2511