

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000105920

1. Entity Name
A.L. COVELL ELECTRIC, INC.



Principal Place of Business
600 S. MAIN ST
BROOKSVILLE, FL 34601

Mailing Address
600 S. MAIN ST
BROOKSVILLE, FL 34601

FILED

08 MAY 23 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05202008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3549860

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COVELL, ANNA LIISA
600 S. MAIN ST
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS
NAME COVELL, ANNA L ☐ Delete
STREET ADDRESS 15152 EDGEWATER AVE.
CITY-ST-ZIP NOBLETON, FL 34661

TITLE P
NAME COVELL, JAMES A ☐ Delete
STREET ADDRESS 15152 EDGEWATER AVE.
CITY-ST-ZIP NOBLETON, FL 34661

TITLE D
NAME COVELL, BRYON A ☐ Delete
STREET ADDRESS 29108 EDGEWATER AVE
CITY-ST-ZIP NOBLETON, FL 34661

TITLE ☐ Delete
NAME *5/15/28*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T ☒ Change ☐ Addition
NAME COVELL, ANNA LIISA
STREET ADDRESS 15152 Edgewater Avenue
CITY-ST-ZIP Nobleton FL 34661

TITLE D ☒ Change ☐ Addition
NAME COVELL, JAMES A.
STREET ADDRESS 15152 Edgewater Avenue
CITY-ST-ZIP Nobleton, FL 34661

TITLE V ☒ Change ☐ Addition
NAME COVELL, BRYON A.
STREET ADDRESS 5771 S. Chaparral Terrace
CITY-ST-ZIP INVERNESS FL 34452

TITLE ☐ Change ☐ Addition
NAME 800130931278
STREET ADDRESS 06/05/08--01053--005 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA LIISA COVELL *Anna Lisa Covell* 5-19-08 352-544-0680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #