SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:24

DOCUMENT # **S80536** **(3)**

1. Corporation Name

CONNOVER ENTERPRISES, INC.

Principal Place of Business

1085 SW SARTO LANE
PORT ST LUCIE FL 34953
US

Mailing Address

1085 SW SARTO LANE
PT ST LUCIE FL 34953
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1991**

3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 — Suite, Apt. #, etc. — 27

City, State — 23 — City, State — 28

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: **APPLIED FOR** 65-0284070 — 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 has subsidiary for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TEEL, EMORY C. III ESQUIRE
POST OFFICE BOX 1750
FORT PIERCE FL 34954

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 607.0202 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of change(s) its registered office by 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 of Current Registered Agent or Signature of New Registered Agent — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	CONOVER, JANICE, P	1.2 NAME	
1.3 STREET ADDRESS	1085 SW SARTO LANE	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	PT ST LUCIE FL	1.4 CITY, ST, ZIP	
2.1 TITLE	V	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	CONOVER, ROBERT, L	2.2 NAME	
2.3 STREET ADDRESS	1085 SW SARTO LANE	2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	PT ST LUCIE FL	2.4 CITY, ST, ZIP	
3.1 TITLE		3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurate and complete and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and complete 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 or I have attached the required attachment with an address.

SIGNATURE: Janice P Conover — Janice P Conover 6-7-95 — 407-461-0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Area Code & Daytime Phone

CR2E034 (3/95)

01710174 FP