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 # V56791

(9)

COVENTRY BUILDERS, INC.

,,,

Principal Place of Business Mailing Address
12610 HWY 129 \$ 12610 HWY 129 \$

FILED Apr 24 1998 8:00am Secretary of State



12810 HWY 129 \$ LIVE OAK FL 32080 US		12610 HWY 129 S Live oak FL 32060 US	LIVE OAK FL 32080			DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 08/06/1992 	ı		
	ace of Business	2a. Mailing Address			4. FEI Number	 	Applied For	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			62-0351060	\$8.7°	Not Applicable 5 Additional	
22		27			5. Certificate of Status Desired		Required	
City & State		City & State			6. Election Campaign Financing	ng \$5.00 May Be Added to Fees		
Zip	Country	7ip	Country		Trust Fund Contribution 8. This corporation owes or has a			
24	25	29	30	,	Personal Property Tax due Jur		☐ No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
FR	AME, EDWARD		8	Name				
12610 HWY 129 S				82 Street Address (P.O. Box Number is Not Acceptable)				
LIVE OAK FL 32060			8	3		<u> </u>		
				ļ <u> </u>				
			8	4 City		FL 85 Z	ip Code	
office or re	enistere d agent, or both, in the Sta	te of Etorida. Such change was :	authorized I	iv the core	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing	g its registered as registered	
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Fl	orida Statut	es.	•	, ,,	_	
SIGNATURE	Standure Typed or printed name of registered	accut and to e it applicable (NO)	IF Booklered A	oent s onature	required when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 TITLE	· · ·	P	Chang	ge Addition	
NAME	FRAME, EDWARD		1.2 NAM	<u> </u>	Frame, Edward			
STREET ADDRESS	1720 NW 42ND ST		1.3 STRE	et address	Frame, Edward 12610 Hwy 1295 Live Oak, FL 3201	<i>(</i> ^		
CITY-ST-ZIP	OAKLAND PARK FL	DELETE	1.4 CHY 2.1 TITLE		cive bak, FZ yao	Chang	e Addition	
TITLE NAME			2.0 MAM			Ontaring	,	
STREET ADDRESS				ET ADDRESS		e.		
CITY-ST-ZIP			2. 4 CITY					
TITLE	DELETE		3.1 TITLE			Chang	ge 🔲 Addition	
NAME			3.2 NAM	Į.				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		Dr. ctr	3.4. CITY		ļ	Chang	ge Addition	
TITLE		(DELETE	4.1 TITLE 4. 2 NAM				Jo L MODILION	
NAME Street address				E1 ADDRESS			i	
CITY-ST-ZIP			4.4 CITY					
TITLE	DELETE		5.1 TITLE			Chang	ge 🔲 Addition	
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE			Chang	ge [] Addition	
NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	· ST · ZIP	1			

14. Thereby 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 suppliemental 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 algorithm with an address.