

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005681

Entity Name: THE COVERING INTERNATIONAL, INC.**Current Principal Place of Business:**3499 NW BOCA RATON BLVD
BOCA RATON, FL 33431**Current Mailing Address:**14280 S MILITARY TRAIL
POST OFFICE BOX 7988
DELRAY BEACH, FL 33482 US**FEI Number: 59-3345542****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KARPINEN, DONALD
1150 W MAGNOLIA CIRCLE
DELRAY BEACH, FL 33445 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, TRUSTEE
Name	KARPINEN, DONALD M
Address	1150 W MAGNOLIA CIR
City-State-Zip:	DELRAY BEACH FL 33445

Title	TRUSTEE
Name	LIPSCOMB, JOSHUA C
Address	1117 HALYARD PL
City-State-Zip:	PENSACOLA FL 32507

Title	TR
Name	LANGLEY, RANDAL
Address	5161 PALE MOON DRIVE
City-State-Zip:	PENSACOLA FL 32507

Title	TRUSTEE
Name	MATHER , JAMES
Address	5659 WILLIAM & MARY STREET
City-State-Zip:	MOBILE AL 36608

Title	TRUSTEE
Name	LIMBAUGH, MARC
Address	144 MANOR WAY
City-State-Zip:	CARROLTON GA 30117

Title	TR
Name	WILLIAMSON, GREG
Address	1072 ROUTE 82
City-State-Zip:	HOPEWELL JUNCTION NY 12533

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD KARPINEN**PRESIDENT, TRUSTEE****02/06/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date