FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 14 AM 11:46

DOCUMENT # 312056 (5)

1. Corporation Name
LOVE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P O BOX 2797 BRANDON FL 33509-9797	P O BOX 2797 BRANDON FL 33509-9797

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1966
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 1527	26 Box 1527
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Valrico FL	City & State 28 Valrico FL
Zip 24 33594 Country 25 USA	Zip 29 33594 Country 30 USA

4. FEI Number: 59-1158882 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOVE,F MORRIS 13618 GREENFIELD DR. #406 TAMPA FL 33624	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LOVE,F MORRIS	12 NAME	
STREET ADDRESS	13618 GREENFIELD DR #406	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☑ Change ☐ Addition
NAME	LOVE, ALEXANDER H.	22 NAME	VP Love, Alexander H.
STREET ADDRESS	1004 HOLLYBERRY CT	23 STREET ADDRESS	2515 Mendocino Way
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	Valrico FL 33594
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	LOVE, EVAN A.	32 NAME	
STREET ADDRESS	401 COPPERLEAF CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Alexander H Love Alexander H. Love 2.8.95 8136817644
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0205030 CP