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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 312056

1. Corporation Name
LOVE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
PO BOX 1527 VALRICO FL 33594 US	BOX 1527 VALRICO FL 33594 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/22/1966

4. FEI Number: 59-1158882 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 3249	26 P.O. Box 3249
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Augustine FL	28 City & State: St Augustine FL
24 Zip: 32085 25 Country: USA	29 Zip: 32085 30 Country: USA

9. Name and Address of Current Registered Agent

EVAN LOVE
401 COPPERLEAF CIR
BRANDON FL 33511

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOVE,F MORRIS		1.2 NAME		
STREET ADDRESS	13618 GREENFIELD DR #406		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	LOVE. ALEXANDER H.		2.2 NAME	Love, Alexander H.	
STREET ADDRESS	205 LOCUST DRIVE		2.3 STREET ADDRESS	301 22nd street	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	St Augustine FL 32085	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOVE, EVAN A.		3.2 NAME		
STREET ADDRESS	401 COPPERLEAF CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby 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 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, with all other like empowered.

SIGNATURE: Alexander H. Love — 3-1-99 — 904 819 0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #