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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43739** (4)

1. Corporation Name

LOVE INC OF TAYLOR COUNTY CORPORATION



Principal Place of Business	Mailing Address
P. O. BOX 1842 PERRY FL 32347	P. O. BOX 1842 PERRY FL 32348-7842

3. Date Incorporated or Qualified 06/06/1991	3a. Date of Last Report 10/17/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3074815	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREEN, MELODY G 178 LANDRY ROAD PERRY FL 32347	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Bert Kuhn* DATE: *1/23/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGING SAID OFFICERS AND DIRECTORS IN 12	
TITLE	D <i>Green</i> ☐ DELETE	1.1 TITLE	D <i>Elizabeth Davis</i> ☐ Change ☒ Addition
NAME	GREEN, MELODY G	1.2 NAME	ELIZABETH DAVIS, V.P.
STREET ADDRESS	178 LANDRY RD	1.3 STREET ADDRESS	211 PINELAND
CITY-ST-ZIP	PERRY FL 32347	1.4 CITY-ST-ZIP	PERRY, FL 32347
TITLE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	BYRD, JACK	2.2 NAME	DIANE RIGONI
STREET ADDRESS	211 DOGWOOD WAY	2.3 STREET ADDRESS	201 BISHOP BLVD
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	PERRY, FL 32347
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KUHN, BERT	3.2 NAME	
STREET ADDRESS	RT 4 BOX 511	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	3427 Hwy 221	4.2 NAME	
STREET ADDRESS	after June 77	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	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bert Kuhn* DATE: *1/23/97* 404-584-2634

CR2E037 (9/96)