

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90389 001 ***317.50

66418946



04082004 Chg-P CR2E034 (10/03)

4. FEI Number **01-076809** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVETT, B C
4932 SMITTY ROAD
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent

Name **SELMA C. SUMMEY**
Street Address (P.O. Box Number is Not Acceptable)
15127 North Main Street
City **Jacksonville** FL **32218-1749**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Selma C. Summey* **04/11/2004**
SELMA C. SUMMEY - Sec/Director DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVETT, B C	
STREET ADDRESS	4392 SMITTY ROAD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOVETT, JODI	
STREET ADDRESS	4392 SMITTY ROAD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOVETT, EARL T	
STREET ADDRESS	15414 YONNIE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENDELL LOVETT	
STREET ADDRESS	15444 Sears Road	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL T. LOVETT	
STREET ADDRESS	15414 Yonis Road	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B. C. LOVETT	
STREET ADDRESS	4932 Smitty Road	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JODI LOVETT	
STREET ADDRESS	4932 Smitty Road	
CITY-ST-ZIP	Callahan, Florida 32011	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELMA C. SUMMEY	
STREET ADDRESS	15127 North Main Street	
CITY-ST-ZIP	Jacksonville, FL 32218-1749	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Earl T. Lovett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EARL T. LOVETT - VP/Director

04/11/2004 (904) 751-1576

Date Daytime Phone #