

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 252887 (5)

1. Corporation Name
JOE Z. LOVINGOOD INC.

FILED
95 JUL 25 AM 10: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 301 SCHOOL AVE, SARASOTA FL 34237
Mailing Address: P.O. BOX 2064, SARASOTA FL 34230, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1961	3a. Date of Last Report 05/11/1994
4. FEI Number 59-0966831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <i>635 O. Orange</i>	22. Mailing Address 26. <i>Same as above</i>
Suite, Apt. #, etc. 22. <i>Suite 16</i>	Suite, Apt. #, etc. 27. <i>above</i>
City & State 23. <i>Sarasota Fla.</i>	City & State 28. <i>P.O. Box 2064 Sarasota 34230</i>
Zip 24. <i>34236</i>	Country 25. <i>USA</i>
29. <i>34230</i>	30. <i>USA</i>

9. Name and Address of Current Registered Agent FOURNIER, ROBERT M. 1800 SECOND STREET SUITE 808 SARASOTA FL 34236	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
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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 _____ (Signature of person named in registered report and the filing officer) _____ (Registered Agent signature required when registering) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD LOVINGOOD, JOAN M 301 SCHOOL AVENUE SARASOTA FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SDT BARBERIO, ALLAN 1858 RINGLING BLVD. SARASOTA FL	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D LOVINGOOD, JOE Z. 301 SCHOOL AVENUE SARASOTA FL	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(5)(b), Florida Statutes. I further certify that the information indicated on the 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 was so indicated with an address.

SIGNATURE: *Joe Z. Lovingood* 4/5/95 - 8/13 366-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR