

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 252887 (5)

1. Corporation Name  
**JOE Z. LOVINGOOD INC.**



Principal Place of Business: 635 S ORANGE AVENUE SUITE 16 SARASOTA FL 34236 US  
Mailing Address: P.O. BOX 2064 SARASOTA FL 34230 US

3. Date Incorporated or Qualified: 11/06/1961  
3a. Date of Last Report: 07/25/1995  
4. FEI Number: 59-0966831  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: FOURNIER, ROBERT M. 1800 SECOND STREET SUITE 806 SARASOTA FL 34236  
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 607.1509, 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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LOVINGOOD, JOAN M	1.1 TITLE	
NAME	301 SCHOOL AVENUE	12 NAME	
STREET ADDRESS	SARASOTA FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	SDT	2.1 TITLE	SDT
NAME	BARBERIO, ALLAN	22 NAME	Neal, Charlene Jo
STREET ADDRESS	1858 RINGLING BLVD.	23 STREET ADDRESS	1003 59th Street, N. W.
CITY - ST - ZIP	SARASOTA FL	24 CITY - ST - ZIP	Bradenton, Fla. 34209
TITLE	D	3.1 TITLE	
NAME	LOVINGOOD, JOE Z.	32 NAME	
STREET ADDRESS	301 SCHOOL AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	34 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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)(k), 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, as an attachment with an address.

SIGNATURE: *Joan M. Lovingood* 4/20/96 941-366-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joan M. Lovingood

CR2E034 (12/95)