

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34230-2064 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/06/1961	3a. Date of Last Report 04/25/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0966831	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FOURNIER, ROBERT M. 1800 SECOND STREET SUITE 806 SARASOTA FL 34236		81. Name	same	
		82. Street Address (P.O. Box Number is Not Acceptable)	22 S. Tuttle Ave., Suite 4	
		83. City	Sarasota FL	
		84. Zip Code	34236	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVINGOOD, JOAN M	1.2 NAME	same
STREET ADDRESS	301 SCHOOL AVENUE	1.3 STREET ADDRESS	4560 Cooper Road
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, Fla. 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SDT <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	NEAL, CHARLENE	2.2 NAME	
STREET ADDRESS	1003 59TH STREET NW	2.3 STREET ADDRESS	34209
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVINGOOD, JOE Z.	3.2 NAME	same
STREET ADDRESS	301 SCHOOL AVENUE	3.3 STREET ADDRESS	4560 Cooper Road
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, Fla. 34232
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ **Joan M. Lovingood** Date **April 4 1997** 941-366-2828

CR2E034 (9/96)