

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 # 286677 (0)

1. Corporation Name

LOVELACE GAS SERVICE INC

95 FEB 27 AM 12:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**10806 EAST COLONIAL DRIVE
ORLANDO FL 32817**

Mailing Address

**10806 EAST COLONIAL DRIVE
ORLANDO FL 32817**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1964

3a. Date of Last Report

04/05/1994

4. FEI Number

58-1060015

Applied For

Not Applicable

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**LOVELACE, MURIL A
1915 MURDOCK BLVD
ORLANDO FL 32825**

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

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 re-stating)

(LAW)

12. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **LOVELACE, GARRY L**
STREET ADDRESS **735 MALONEY LANE**
CITY- ST- ZIP **ORLANDO, FL 00000**

TITLE **D**
NAME **LOVELACE, MURIL A**
STREET ADDRESS **1915 MURDOCK BLVD**
CITY- ST- ZIP **ORLANDO, FL 00000**

TITLE **PD**
NAME **LOVELACE, WILLIAM E**
STREET ADDRESS **2911 NELA AVENUE**
CITY- ST- ZIP **ORLANDO, FL 00000**

TITLE **STD**
NAME **LOVELACE, WILLIAM E. JR.**
STREET ADDRESS **2911 NELA AVENUE**
CITY- ST- ZIP **ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 199.032(4)(b), 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 167, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William E. Lovace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-95

407-777-2966