

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

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Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 286677 (0)

1. Corporation Name  
LOVELACE GAS SERVICE INC

Principal Place of Business  
10806 EAST COLONIAL DRIVE  
ORLANDO FL 32817

Mailing Address  
10806 EAST COLONIAL DRIVE  
ORLANDO FL 32817-4428



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1964		3a. Date of Last Report 03/15/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1060015		Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOVELACE, MURIL A 1915 MURDOCK BLVD ORLANDO FL 32825  DECEASED				81 Name LOVELACE, WILLIAM E.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2911 NELA AVE.			
				83			
				84 City ORLANDO FL 85 Zip Code 32809			

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *William E. Lovelace* WILLIAM E. LOVELACE PRESIDENT JANUARY 16, 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, GARRY L	1.2 NAME	
STREET ADDRESS	735 MALONEY LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, MURIL A	2.2 NAME	
STREET ADDRESS	1915 MURDOCK BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, WILLIAM E	3.2 NAME	
STREET ADDRESS	2911 NELA AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	3.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, WILLIAM E. JR.	4.2 NAME	
STREET ADDRESS	2911 NELA AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	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: *William E. Lovelace* WILLIAM E. LOVELACE 1/16/97 407-277-2966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)