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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

LOVELACE GAS SERVICE INC

:								
Principal Place of Business Mailing Address						r 1884th tibbt 1844 gille diett ichte dan diett mar	(0101)	
10808 EAST COLONIAL DRIVE ORLANDO FL 32817			10806 EAST COLONIAL DRIVE ORLANDO FL 32817			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 10/29/1964		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
21			26			59-1060015	Not Applicable	
22	City & State		Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
23						Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip	Country 25	Zip 29	30 Co	untry	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible XI Yes ☐ No	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
2911 NELA AVE ORLANDO FL 32825					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			

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 chango 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 .				wed when reinstating) DATE	
	Signature, typed or printed name of registured agent and tilk OFFICERS AND DIRL		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
12.		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change	Addition
TITLE	VD	C) DELETE	1.1 TITLE	Citange	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	PD	DELETE	2.1 TITLE	☐ Change	Addition
NAME	LOVELACE, WILLIAM E		2.2 NAME		
STREET ADDRESS	2911 NELA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	31 TITLE	☐ Change	Addition
NAME	LOVELACE, WILLIAM E. JR.		3 2 NAME		
STREET ADDRESS	2911 NELA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change	Addition Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I 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.

3/17/98

407-277-2966

FILED

Mar 26 1998 8:00am

Secretary of State