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 # **315966** **(2)**

1. Corporation Name
LOVING MASONARY CONTRACTORS INC

Principal Place of Business
1709 E YUKON STREET
TAMPA FL 33604-2066

Mailing Address
1709 E YUKON STREET
TAMPA FL 33604-2066

3. Date Incorporated or Qualified: **04/19/1967**
3a. Date of Last Report: **03/16/1995**

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

4. FEI Number: **59-1163525** 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

9. **Name and Address of Current Registered Agent**
LOVING, J. R.
3023 ST. CHARLES DRIVE
TAMPA FL 33618

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 the date signed. NOTE: Registered Agent signature required when resigning. DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LOVING,J T	
STREET ADDRESS	RT. 1, BOX 41 B	
CITY-ST-ZIP	LURAY SC	
TITLE	DP	☐ DELETE
NAME	LOVING,J R	
STREET ADDRESS	3023 ST CHARLES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	LOVING,LUCILLE	
STREET ADDRESS	RT. 1, BOX 41 B	
CITY-ST-ZIP	LURAY SC	
TITLE	DS	☐ DELETE
NAME	LOVING, PATRICIA	
STREET ADDRESS	3023 ST. CHARLES DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	☐ DELETE
NAME	LOVING, STEVE R.	
STREET ADDRESS	12703 TROWBRIDGE LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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, or on an attachment with an address.

SIGNATURE: Julian R. Loving
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julian R. Loving

03/18/96
Date

813-935-9141
Daytime Phone #