


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

FILED

Mar 18 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **315966** (2)

1. Corporation Name:  
**LOVING MASONARY CONTRACTORS INC**

Principal Place of Business  
**1700 E YUKON STREET  
TAMPA FL 33604-2066**

Mailing Address  
**1700 E YUKON STREET  
TAMPA FL 33604-2066**



3. Date Incorporated or Qualified **04/19/1967** 3a. Date of Last Report **03/21/1996**

2. Principal Place of Business 2a. Mailing Address  
4. FEI Number **59-1163525** Applied For  
Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVING, J. R.  
3023 ST. CHARLES DRIVE  
TAMPA FL 33618**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|   |  |
|---|--|
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>D LOVING, J T</b><br>STREET ADDRESS <b>RT. 1, BOX 41 B</b><br>CITY - ST - ZIP <b>LURAY SC</b>              | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP   |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>DP LOVING, J R</b><br>STREET ADDRESS <b>3023 ST CHARLES DR</b><br>CITY - ST - ZIP <b>TAMPA FL</b>          | 2.1 TITLE <b>DPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP   |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>D LOVING, LUCILLE</b><br>STREET ADDRESS <b>RT. 1, BOX 41 B</b><br>CITY - ST - ZIP <b>LURAY SC</b>          | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP   |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>DS LOVING, PATRICIA</b><br>STREET ADDRESS <b>3023 ST. CHARLES DRIVE</b><br>CITY - ST - ZIP <b>TAMPA FL</b> | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP   |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>DV LOVING, STEVE R.</b><br>STREET ADDRESS <b>12703 TROWBRIDGE LANE</b><br>CITY - ST - ZIP <b>TAMPA FL</b>  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP   |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>6.2 NAME <b>DV LOVING, CRAIG A</b><br>6.3 STREET ADDRESS <b>6621 W THONOTOSASSA RD</b><br>6.4 CITY - ST - ZIP <b>PLANT CITY FL 33565</b> |

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 included 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* 3-14-97 813-935-9141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)