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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 315966

LOVING MASONARY CONTRA	ACTORS INC			
Principal Place of Business	Mailing Address			
1709 E YUKON STREET TAMPA FL 33604-2066	1709 E YUKON STREET TAMPA FL 33604-2066			
				3. Date Incorporated or Qualifed 04/19/1967
Principal Place of Business 1	2a. Mailing Address 26			4. FEI Number 59-1163525
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution
Zip Country	Zip Co 29 30	untry		This corporation owes the curre Personal Property Tax.
	f Current Registered Agent			10. Name and Address of New R
LOVING, J. R.		81	Name	(D.O. Barrish Net Assent
3023 ST. CHARLES DRIVE TAMPA FL 33618		82	Street Add	dress (P.O. Box Number is Not Accepta
		84	City	
office or registered agent, or both, in the agent. I am familiar with, and accept the	607.0502 and 607.1508, Florida Statutes, the a State of Florida. Such change was authorize the obligations of, Section 607.0505, Florida State	d by	the corporal	poration submits this statement for the tion's board of directors. I hereby accept
SIGNATURE Signature, typed or printed name of reg	gistered agent and title if applicable. (NOTE: Registere	d Ager	it signature requi	red when reinstating)

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90052 002 ***150.00

LOVING	MASONARY CONTRACTOR	S INC				
Principal Place	of Business	Mailing Address			T THREE TERMS IN THE STATE OF THE PARTY OF THE STATE OF T	DIT MANGE MINNE NEARL ENDE
1709 E YUKON STREET 1709 E YUKON STREET TAMPA FL 33604-2066 TAMPA FL 33604-2066						05
					DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified	
					04/19/1967	
a Drivainal Di	one of Punipper	2a, Mailing Address	·		4. FEI Number	Applied For
	ace of Business	2a, Mailing Address			59-1163525	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State	•		6. Election Campaign Financing	5.00 May Be
23		28			1 **	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangit	
24	25	29	.0		Personal Property Tax.	∕es □No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ager	nt .
1.00	NO I B		81	Name		
	NG, J. R.		82	Street Ade	dress (P.O. Box Number is Not Acceptable)	
	ST. CHARLES DRIVE					
IAM	PA FL 33618		83	Ì		
		•	84	City	85	Zip Code
				•	FL_ <u>`</u> `	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above	e-named cor	rporation submits this statement for the purpose of chan tion's board of directors. I hereby accept the appointme	ging its registered nt as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes		mong board of directors (meropy decept and appearance	.
SIGNATURE						
	Signature, typed or printed name of registered agen			nt signature requi	ired when reinstating) DATE	DECTORS IN 12
12.	OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	Change Addition
TITLE	LOVING,J T		1.2 NAME			
NAME	RT. 1, BOX 41 B		l	TADDRESS		
STREET ADDRESS	LURAY SC					
CITY-\$T-ZIP	DP DP	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-212		Change
TITLE	LOVING,J R	- Decere	2.1 VILLE	1	_	
NAME	3023 ST CHARLES DR		2.3 STREE	T 4DODECC	•	
STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL D	DELETE	2. 4 CITY-5 3.1 TITLE	51-219		Change Addition
TITLE	LOVING, LUCILLE		3.2 NAME			• _
NAME	RT. 1, BOX 41 B		3.3 STREE	TADODESS		
STREET ADDRESS	LURAY SC			1		
CITY-ST-ZIP TITLE	DS DS	☐ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP		Change
	LOVING, PATRICIA		4. 2 NAME		_	• –
NAME STREET ADDRESS	3023 ST. CHARLES DRIVE	•		T ADDRESS		
	TAMPA FL		4.4 CITY-S			
CITY-ST-ZIP TITLE	DV	☐ DELETE	5.1 TITLE	,- <u>EI</u>		Change
NAME	LOVING, STEVE R.	May	5.2 NAME			
STREET ADDRESS	12703 TROWBRIDGE LANE		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-S	T-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE			Change
NAME	LOVING, CRAIG A		6.2 NAME	1	_	,
STREET ADDRESS	***************	D		T ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		6.4 CITY-S			
UIT-SI-ZIP	I WANT ON I I L					

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, with all other like empowered.