

**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 # **604901 (9)**

1. Corporation Name  
**LEALAND L. LOVERING, P.A.**



Principal Place of Business

Mailing Address

**200 BREVARD AVENUE  
COCOA FL 32922  
US**

**200 BREVARD AVENUE  
COCOA FL 32922  
US**

3. Date Incorporated or Qualified <b>12/26/1973</b>	3a. Date of Last Report <b>03/21/1995</b>
4. FEI Number <b>59-1496478</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVERING, LEALAND L.  
200 BREVARD AVENUE  
COCOA FL 32922**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> 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

Signatures take the proper care of your legal and financial interests.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME <b>PTS LOVERING, LEALAND L</b>	<input type="checkbox"/> DELETE	13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 STREET ADDRESS <b><del>SIX RIVERSIDE BOULEVARD</del> COCOA, FL 32902</b>		13.2 NAME <b>200 Brevard Avenue</b>	
12.3 CITY - ST - ZIP		13.3 STREET ADDRESS <b>Cocoa, FL 32922</b>	
12.4 TITLE	<input type="checkbox"/> DELETE	13.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		13.6 NAME	
12.7 CITY - ST - ZIP	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS	
12.8 TITLE		13.8 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY - ST - ZIP	<input type="checkbox"/> DELETE	13.11 STREET ADDRESS	
12.12 TITLE		13.12 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY - ST - ZIP	<input type="checkbox"/> DELETE	13.15 STREET ADDRESS	
12.16 TITLE		13.16 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or changes, or on an attachment with an address.

SIGNATURE:

*Lealand L. Lovering*  
LEALAND L. LOVERING

407-636-4861 01/26/96

Date

Daytime Phone #

CR2E034 (12/95)