

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90045 040 ***150.00

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DOCUMENT # 604901

1. Corporation Name

LEALAND L. LOVERING, P.A.

Principal Place of Business

200 BREVARD AVENUE
COCOA FL 32922
US

Mailing Address

200 BREVARD AVENUE
COCOA FL 32922
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1973

4. FEI Number

59-1496478

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 7010 N. U.S. 1

2a. Mailing Address

26 Post Office Box 629

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. 105

City & State

City & State

23 Cocoa FL 32927

28 Sharpes FL

Zip

Country

Zip

Country

24 32927 25 U.S.A

29 32959 30 USA

9. Name and Address of Current Registered Agent

LOVERING, LEALAND L.
200 BREVARD AVENUE
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

Lealand L. Lovering

82 Street Address (P.O. Box Number is Not Acceptable)

7010 N. U.S. 1, Apt. 105

83

84 City

Cocoa

FL

85 Zip Code

32927

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

Lealand L. Lovering

2/3/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTS
STREET ADDRESS LOVERING, LEALAND L.
CITY-ST-ZIP 200 BREVARD AVENUE
COCOA, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 7010 N. U.S. 1, Apt. 105
1.4 CITY-ST-ZIP Cocoa, FL 32927

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

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.

SIGNATURE:

Lealand L. Lovering

2/3/99

Date

Daytime Phone #

CR2E034 (11/98)