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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
DOCUMENT	#

F19420

(1)

LUV, RUBY, INC.



Principal Place of Business Malling Address				CERTERINAL		6.6.: 8:8: 1841			
101 SOUTH FIRST ST. HARLAN KY 40831 101 SOUTH FIRST ST. HARLAN KY 40831 HARLAN KY 40831									
					3. Date Incorporated or Qualified 02/12/1981	3a. Date	of Last F	•	
2. Principal Pla	ace of Business	2a. Mailing Addre	ess			4. FEI Number			Applied For
21		26				59-2117031			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Election Campaign Financing			
23	28			Trust Fund Contribution			00 May Be ed to Fees		
Zip ·	Zip Country Zip Countr		Country		8. This corporation has liability for in	ntangible tax			
24	25 29 30			Florida Statutes	☐ No		,		
	9. Name and Address of Curre	nt Registered Agent			- <u>-</u>	10. Name and Address of New Ro	egistered A	gent	
				81	Name				
	, BECKY B			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
MUURE	& ELLRICH, P.A.			83					
	SA BLVD., SUITE 400			83					
PALM B	EACH GARDENS FL 33410			84	City		p= 1	85 Z	p Code
11. Pursuant to	the provisions of Sections 607 050	2 and 607 1500 Florida	Ctotutes 45 -	<u> </u>		ration submits this statement for the purp	FL	Щ	
	and asset the eliterties of O	ida. Oddri driange was a	unionzeo by in	ie corbo	ration's boar	ation submits this statement for the purp rd of directors. I hereby accept the appo-	intment as r	egistered	l agent. I am
SIGNATURE	, was soope the congations of, see	1101 007.0303, Florida 3	Statutes.						
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Registe	ered Agent	signature required	d when reinstaling)	DATE		
SIGNATURE s	Signature, typed or printed name of registered agen OFFICERS AN	r: and title if applicable. ID DIRECTORS	(NOTE: Registe	ered Agent	signature required	3 when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12
SIGNATURE s	Signature, typed or printed name of registored agen OFFICERS AN	it and title if applicable.	NOTE: Registe 11 TE 1.	ered Agent 3. 1 TITLE	signature required		CERS AND I	DIRECTO Change	DRS IN 12
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certify that the information i

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MONA ROWE 4/24/96

(606) 573-6698