

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 # **F19420** (1)

1. Corporation Name

**LUV, RUBY, INC.**

Principal Place of Business

**101 SOUTH FIRST ST.  
HARLAN KY 40831**

Mailing Address

**101 SOUTH FIRST ST.  
HARLAN KY 40831**



3. Date Incorporated or Qualified  
**02/12/1981**

3a. Date of Last Report  
**03/31/1995**

4. FEI Number

**59-2117031**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, BECKY B  
MOORE & ELLRICH, P.A.  
4400 PGA BLVD., SUITE 400  
PALM BEACH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENNETT, RUBY	
STREET ADDRESS	113 WOODLAND HILLS	
CITY-ST-ZIP	HARLAN KY 40831	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENNETT, BENJAMIN	
STREET ADDRESS	113 WOODLAND HILLS	
CITY-ST-ZIP	HARLAN KY 40831	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROWE, VALERIE	
STREET ADDRESS	523 SOUTH MAIN STREET	
CITY-ST-ZIP	HARLAN KY 40831	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENNETT, SARAH J	
STREET ADDRESS	113 WOODLAND HILLS	
CITY-ST-ZIP	HARLAN KY 40831	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENNETT, MARY ELIZABETH	
STREET ADDRESS	113 WOODLAND HILLS	
CITY-ST-ZIP	HARLAN KY 40831	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROWE, MONA	
STREET ADDRESS	HIGHBANK ROAD #413	
CITY-ST-ZIP	BAXTER KY 40806	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

*Mona Rowe* MONA ROWE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(606) 573-6698

Daytime Phone #

CR2E034 (12/95)