

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

FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F19420** (1)

1. Corporation Name  
**LUV, RUBY, INC.**

Principal Place of Business <b>101 SOUTH FIRST ST. HARLAN KY 40831</b>	Mailing Address <b>101 SOUTH FIRST ST. HARLAN KY 40831-2317</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/12/1981</b>		3a. Date of Last Report <b>04/30/1996</b>	
21 Suite, Apt. #, etc. <b>120 EAST CENTRAL STREET</b>		26 Suite, Apt. #, etc. <b>120 EAST CENTRAL STREET</b>		4. FEI Number <b>59-2117031</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State <b>HARLAN KY</b>		27 City & State <b>HARLAN KY</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip <b>40831</b>		28 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>40831</b>		25 Country <b>USA</b>		29 Zip <b>40831</b>		30 Country <b>USA</b>	
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  
**BENNETT, RUBY R**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3469 W BOYNTON BEACH BLVD, SUITE 15A**  
83  
**GREENTREE PLAZA II**  
84 City  
**BOYNTON BEACH** 85 Zip Code  
**FL 33436**

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: *Ruby R. Bennett* (NOTE: Registered Agent signature required when reinstating) DATE: **1/29/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, RUBY			1.2 NAME			
STREET ADDRESS	113 WOODLAND HILLS			1.3 STREET ADDRESS	120 EAST CENTRAL STREET		
CITY-ST-ZIP	HARLAN KY 40831			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, BENJAMIN			2.2 NAME			
STREET ADDRESS	113 WOODLAND HILLS			2.3 STREET ADDRESS	120 EAST CENTRAL STREET		
CITY-ST-ZIP	HARLAN KY 40831			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROWE, VALERIE			3.2 NAME	ASST VICE-PRESIDENT		
STREET ADDRESS	523 SOUTH MAIN STREET			3.3 STREET ADDRESS	ROWE, ALBERT E		
CITY-ST-ZIP	HARLAN KY 40831			3.4 CITY-ST-ZIP	120 EAST CENTRAL STREET		
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, SARAH J			4.2 NAME			
STREET ADDRESS	113 WOODLAND HILLS			4.3 STREET ADDRESS	120 EAST CENTRAL STREET		
CITY-ST-ZIP	HARLAN KY 40831			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, MARY ELIZABETH			5.2 NAME	ASST SEC/TREASURER		
STREET ADDRESS	113 WOODLAND HILLS			5.3 STREET ADDRESS	120 EAST CENTRAL STREET		
CITY-ST-ZIP	HARLAN KY 40831			5.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROWE, MONA			6.2 NAME	SECRETARY		
STREET ADDRESS	HIGHBANK ROAD #413			6.3 STREET ADDRESS	96 WARREN ROAD		
CITY-ST-ZIP	BAXTER KY 40806			6.4 CITY-ST-ZIP	CUMBERLAND KY 40823		

14. I do 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.

SIGNATURE: *Ruby R. Bennett* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ruby R. BENNETT** DATE: **1/29/97** DAYTIME PHONE: **(606) 573 6610**

CR2E034 (9/96)