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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name F9700000845 (4)

LOVING ENTERPRISES INC

Principal Place of Business Mailing Address										-	ADMARKAT DDA		10 1 811 1881	
	B BCH DR PETERSBL	JRG FL 3370	1		416 BCH DR ST PETERSBURG FL 33701					DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified				
ļ										02/17/1997				
2. Principal Place of Business 2a. Mailing Address										4. FEI Number		A	pplied For	
21				26						63-1148234		XN	ot Applicable	
22	Suite, Apt.	#, etc.		27	Suite, Apt. #. etc.					5. Certificate of Status Desired	d \$8.75 Additional Fee Required			
	City & State				City & State					8. Election Campaign Financing		\$5.00	May Be	
23	Zip.		Country	28			untry			Trust Fund Contribution			to Fees	
_	rib	—			├ ¬			•		8. This corporation owes or has p				
24			and Address of Cur	[29] rent Registere	d Agent	30	Т			Personal Property Tax due Jur 10. Name and Address of New R			_ No	
g, Name and Address of Current Registered Agent										10. Name and Address of New P	agistered	Mani		
WILLIAMS, SHERRI 416 BCH DR							81							
ST PETERSBURG FL 33701							82	Street	Addre	ss (P.O. Box Number is Not Accepta	ible)			
OF FEIGHODONA FE 00/01							83							
							84	City				85 Zip	Code	
44	Purcuant t	lo the provis	ions of Sections 607 (E02 and 607.1	500 Florida Stat	uton the e			1 00000	cotion as bailta this statement for the	PL		! - !	
".	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State 									ration submits this statement for the in's board of directors. I hereby acci	purpose of apt the app	r changing r pointment as	is registered registered	
	agent i ar	m t am iliar wi	ith, and accept the ob											
SIG	NATURE .	Slanature, tyned	or printed name of registered	Agent and tile if and	plicable. (NC	OTF: Begistere	ad Age	nt signature	e tonuired	when reinstating)	DATE			
12.				ND DIRECTO		13.	o rigo	in eignoton	o rogor Bo	ADDITIONS/CHANGES TO OFF		DIRECTOR	3S IN 12	
TITLE		PVST 🗆 :		DELETE				Pi	7		Change	Addition		
NAME		WILLIAMS, SHERRI			12		1.2 NAME		l'u	lilliams Sherri 167 Share Acres Blu		_ •	_	
STREE	STREET ADDRESS 1967 SHORE ACRES BLVD				1.3 5			1.3 STREET ADDRESS		167 Share Acres Blu	d,			
CITY-	ST-ZIP		RSBURG FL 33703			1.4 0	ITY-SI	r-ZIP	5-	to Petersbury FL 3376	3			
TITLE					DELETE	2.1 T			——			Change	Addition (
NAME						2.2 N	AME		D	avid J. Strickler 840 64th St.N. Pinclles Park, FL 337				
STREE	TREET ADDRESS					2.3 STREET ADDRESS		7	849 PAR 24. W.					
CITY-	ST-ZIP					2.40	CITY - S	I - ZIP	1	Pinellas Park FL 337	81			
TITLE					DELETE	3.1 T	ITLE		(Change	Addition	
NAME	1					3.2 N	AME		ci	oristina Vilines			İ	
STREE	T ADDRESS					3.3 S	TREET A	ADDRESS		3182 Sponbill Ln				
CITY-	ST-ZIP					3.4. 0	HTY-S1	T-ZIP	(C)	learwater, FL 33762				
TITLE	l				DELETE	4.1 Ti	TLE					Change	Addition	
NAME						4. 2 N	IAME							
STREE	T ADDRESS					4.3 S	TREET A	ADDRESS						
CITY-	ST-ZIP	-				4.4 C	TY-ST	- ZIP						
TITLE	ļ				☐ DELETE	5.1 Ti	TLE					Change	Addition	
NAME	İ					5.2 N	AME							
STREE	T ADDRESS					5.3 \$1	TREET A	ADDRESS					1	
CITY-	ST-ZIP					5.4 CI	ITY-ST	- ZIP	<u> </u>					
TITLE	į				DELETÉ	6.1 TJ	TLE					Change	Addition	
NAME	ł					62 N/	AME							
STREE	T ADDRESS					63 51	TREET A	ADDRESS						

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. Show William

6.4 CITY-ST-ZIP

.3.00 and 1