

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  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90061 047 \*\*\*150.00

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DOCUMENT # F97000000845

1. Corporation Name

LOVING ENTERPRISES INC



Principal Place of Business

Mailing Address

~~416 BCH DR~~  
~~ST PETERSBURG FL 33701~~

~~416 BCH DR~~  
~~ST PETERSBURG FL 33701~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number  
63-1148234

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 1120 Pinellas Bayway S.,

Suite, Apt. #, etc.

22 #204

City & State

23 Tierra Verde, FL

Zip

24 33715

Country

25 USA

2a. Mailing Address

26 1120 Pinellas Bayway S.

Suite, Apt. #, etc.

27 #204

City & State

28 Tierra Verde, FL

Zip

29 33715

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, SHERRI

~~416 BCH DR~~

~~ST PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name

Williams, Sherri

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

1120 Pinellas Bayway S., #204

83

84 City

Tierra Verde

FL

85 Zip Code

33715

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

TITLE PV ☐ DELETE

NAME WILLIAMS, SHERRI  
STREET ADDRESS 1967 SHORE ACRES BLVD  
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE T ☐ DELETE

NAME STRICKLER, DAVID J  
STREET ADDRESS 7840 64TH ST NO  
CITY-ST-ZIP PINELLAS PRK FL 33781

TITLE S ☐ DELETE

NAME VILINES, CHRISTINA  
STREET ADDRESS 13182 SPOONBILL LN  
CITY-ST-ZIP CLEARWATER FL 33762

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

1.4 CITY-ST-ZIP

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: *Sherri Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/99*  
Date

727-867-2900  
Daytime Phone #

CR2E034 (11/98)