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 19, 1999 8:00 am Secretary of State

02-19-1999 90124 017 ***150.00

DOCUI	MENT # G50483	}							
1. Corporation Name									
LOVELACE GROVES, INC.									
						.			
Division of Divisi									HALL BURNEY (BA
Principal Place of Business Mailing Address									
1823 S. VALRICO ROAD							•	•	
VALRICO FL 33594 VALRICO FL 33594				DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or	Qualifed		
						07/20/1983			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21 26						<u>59-2307237</u>	***		t Applicable
Suite, Apt. #, etc.						5. Certifcate of Status I	Desired	\$8.75 A Fee Re	
22 27									·
City & State City & State						 Election Campaign F Trust Fund Contribut 		\$5.00 "Added t	
Zip				ry		8. This corporation owe			0.1000
⊢ ⊤ '	25 29 30			.,		Personal Property Ta	-	Yes	ŪKio Ì
24	9 Name and Address of Curren		1301			10. Name and Address			
	3		8	1 Nam	ne				
LOVELACE, MILTON R.				2 Stree	-4 4 4 4 - 2	ss (P.O. Box Number is N	ot Apportable)		-
812 DEWOLF RD.				Stree	et Addres	SS (P.O. DOX NUMBER IS NO	о Ассеравів)		
BRANDON FL 33511			8	3					
				4 City				85 Zip (ode.
			°	4 City			F		2000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ve-name	ed corpor	ration submits this stateme	nt for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Flo	utnorized b rida Statute	y the co	rporation	s board of directors. I her	еру ассері іле ар	pointment as re	gistered
SIGNATURE		,							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered Ag	jent signatur	re required v	when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTO Change	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					⊡ change	C Addition
NAME	LOVELACE, MILTON R.		1.2 NAME		_				
STREET ADDRESS	1823 S. VALRICO RD.			ET ADDRES	SS				
CITY-ST-ZIP	VALRICO FL	☐ DELETE	1.4 CITY- 2.1 TITLE		+			Change	Addition
TITLE	VSTD		2.1 NAME		1				
NAME	LOVELACE, BARBARA L. 1823 S. VALRICO RD.			ET ADORES					
STREET ADDRESS	VALRICO FL				~]				ļ
CITY-ST-ZIP TITLE	VALRICO FL	DELETE	2. 4 CITY 3.1 TITLE		1.			Change	☐ Addition
NAME			3.2 NAME			e entre +		•	
STREET ADDRESS				ET ADDRES	ss				
CITY-ST-ZIP			3.4. CITY						ļ
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRES	ss				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	:				☐ Change	Addition
NAME			5.2 NAME	E					
STREET ADDRESS			5.3 STRE	ET ADDRES	ss				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME						į
STREET ADDRESS	-		6.3 STRE	ET ADDRES	SS				í

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.

6.4 CITY-ST-ZIP

SIGNATURE: 14