


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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90124 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G50483					
1. Corporation Name LOVELACE GROVES, INC.					
Principal Place of Business 1823 S. VALRICO ROAD VALRICO FL 33594			Mailing Address 1823 S. VALRICO ROAD VALRICO FL 33594		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1983	
21		26		4. FEI Number 59-2307237	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		29	
24		25		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LOVELACE, MILTON R. 812 DEWOLF RD. BRANDON FL 33511			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME LOVELACE, MILTON R.					
1.3 STREET ADDRESS 1823 S. VALRICO RD.					
1.4 CITY-ST-ZIP VALRICO FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME LOVELACE, BARBARA L.					
2.3 STREET ADDRESS 1823 S. VALRICO RD.					
2.4 CITY-ST-ZIP VALRICO FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: Milton R. Lovelace **SIGNATURE REQUIRED** MILTON R. LOVELACE 2/4/99 813-689-4638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)