

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
93 JUN -1 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G96774** (6)
1. Corporation Name
LOVCO, INC.



Principal Place of Business: % ROBERT R. KREIS, 1800 INDEPENDENT SQ, JACKSONVILLE FL 32202, US
Mailing Address: % ROBERT R. KREIS, 1600 INDEPENDENT SQUARE, JACKSONVILLE FL 32202, US

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
04/18/1984

2. Principal Place of Business
21. **1 Independent Drive**
Suite, Apt. #, etc.
22. **Suite 1600**
City & State
23. **Jacksonville, FL**
Zip Country
24. **32202** 25. **USA**

2a. Mailing Address
26. **1 Independent Drive**
Suite, Apt. #, etc.
27. **Suite 1600**
City & State
28. **Jacksonville, FL**
Zip Country
29. **32202-5009** 30. **USA**

4. FEI Number
59-2398685
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KREIS, ROBERT R.
1600 INDEPENDENT SQUARE (Address Change Only)
JACKSONVILLE FL 32202
500002542575--7
-06/03/98-01009-009
******550.00 ****550.00**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
1 Independent Drive
83. **Suite 1600**
84. City
Jacksonville
500002545275--1
-06/03/98-01009-009
*******8. FL ****32202**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	LOVETT, LAUREN D.	
STREET ADDRESS	1800 INDEPENDENT SQUARE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LOVETT, PHILIP H.	
STREET ADDRESS	1800 INDEPENDENT SQUARE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOEB, K L	
STREET ADDRESS	1800 INDEPENDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOVETT, W.R. II	
STREET ADDRESS	1800 INDEPENDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, L.D.	
STREET ADDRESS	1800 INDEPENDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KREIS, R.R.	
STREET ADDRESS	1800 INDEPENDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fant, Lauren D. Lovett
1.3 STREET ADDRESS	1 Independent Dr, Suite 1600
1.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1 Independent Dr., Suite 1600
2.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1 Independent Dr., Suite 1600
3.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1 Independent Dr., Suite 1600
4.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T/AS
5.3 STREET ADDRESS	1 Independent Dr., Suite 1600
5.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1 Independent Dr., Suite 1600
6.4 CITY-ST-ZIP	Jacksonville, FL 32202-5009

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.

CR2E034 (10/97)

Handwritten notes and signatures at the bottom of the page.