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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90095 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G96774

1. Corporation Name
LOVCO, INC.



Principal Place of Business
**1 INDEPENDENT DRIVE
 SUITE 1600
 JACKSONVILLE FL 32202-5009**

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

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 the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1 Independent Drive**

22 City & State

27 Suite 1600

23 Zip

Country

28 Zip

Country

24

25

29

32202-5009

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KREIS, ROBERT R.
 1 INDEPENDENT DRIVE
 SUITE 1600
 JACKSONVILLE FL 32202-5009**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DV FANT, LAUREN D. LOVETT**
 STREET ADDRESS **1 INDEPENDENT DRIVE SUITE 1600**
 CITY-ST-ZIP **JACKSONVILLE FL 32202-5009**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VPD LOVETT, PHILIP H.**
 STREET ADDRESS **1 INDEPENDENT DRIVE SUITE 1600**
 CITY-ST-ZIP **JACKSONVILLE FL 32202-5009**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD LOEB, K L**
 STREET ADDRESS **1 INDEPENDENT DRIVE SUITE 1600**
 CITY-ST-ZIP **JACKSONVILLE FL 32202-5009**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD LOVETT, W.R. II**
 STREET ADDRESS **1 INDEPENDENT DRIVE SUITE 1600**
 CITY-ST-ZIP **JACKSONVILLE FL 32202-5009**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TAS WILLIAMS, L.D.**
 STREET ADDRESS **1 INDEPENDENT DRIVE SUITE 1600**
 CITY-ST-ZIP **JACKSONVILLE FL 32202-5009**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S KREIS, R.R.**
 STREET ADDRESS **1 INDEPENDENT DRIVE SUITE 1600**
 CITY-ST-ZIP **JACKSONVILLE FL 32202-5009**

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: *R. Williams, Treasurer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 1999
 Date

904/634-8808
 Daytime Phone #

CR2E034 (11/98)