

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K60539** (9)

1. Corporation Name

**LOVELACE CORPORATION**



Principal Place of Business

**743 HWY 98 E SUITE 5  
DESTIN FL 32541**

Mailing Address

**743 HWY 98 E SUITE 5  
DESTIN FL 32541**

3. Date Incorporated or Qualified  
**01/24/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **12870 US 98 WEST**

2a. Mailing Address

26 **12870 US 98 WEST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-2927276**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

22 City & State

23 **DESTIN, FL**

27 City & State

28 **DESTIN, FL**

24 Zip

25 **32541**

Country

26 **U.S.**

29 Zip

30 **32541**

Country

31 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVELACE, DEWITT M.  
1174 TROON DR.  
DESTIN FL 32541**

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

*Dm W*

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 **P** ☐ DELETE  
NAME **LOVELACE, DEWITT M.**  
STREET ADDRESS **1174 TROON DR.**  
CITY-ST-ZIP **DESTIN FL**

TITLE **D** ☐ DELETE  
NAME **LOVELACE, SUSAN**  
STREET ADDRESS **1174 TROON DR.**  
CITY-ST-ZIP **DESTIN FL**

TITLE **VST** ☐ DELETE  
NAME **LOVELACE, SUSAN**  
STREET ADDRESS **1174 TROON DR.**  
CITY-ST-ZIP **DESTIN FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Dm W* **Dewitt M. Lovelace** 4/25/96 (904) 987-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)