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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

12870 US 98. W  
DESTIN FL 32541  
US

Mailing Address

12870 US 98. W  
DESTIN FL 32541  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1989		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2927276		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	Dewitt M. Lovelace		
82 Street Address (P.O. Box Number is Not Acceptable)	3253 Burnt Pine Cove		
83			
84 City	Destin,	85 Zip Code	FL 32541

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 *Dewitt M. Lovelace* Dewitt M. Lovelace 03/12/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, DEWITT M.	1.2 NAME	Dewitt M. Lovelace
STREET ADDRESS	1174 TROON DR.	1.3 STREET ADDRESS	3253 Burnt Pine Cove
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Destin, Florida 32541
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, SUSAN	2.2 NAME	Susan F. Lovelace
STREET ADDRESS	1174 TROON DR.	2.3 STREET ADDRESS	3253 Burnt Pine Cove
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Destin, Florida 32541
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, SUSAN	3.2 NAME	Susan F. Lovelace
STREET ADDRESS	1174 TROON DR.	3.3 STREET ADDRESS	3253 Burnt Pine Cove
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Destin, Florida 32541
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

*Dewitt M. Lovelace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.97 832-6020  
Date Daytime Phone #

CR2E034 (9/96)