

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90012 045 ***150.00

DOCUMENT # L21672

1. Corporation Name

LUV ENTERPRISES INC.

Principal Place of Business
3848 N.W. GAINESVILLE ROAD
OCALA FL 32675-3478

Mailing Address
3848 N.W. GAINESVILLE ROAD
OCALA FL 32675-3478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1989

4. FEI Number

59-2966560

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

21 3220 NE 24th St

Suite, Apt. #, etc.

2a. Mailing Address

26 3220 NE 24th St

Suite, Apt. #, etc.

City & State

23 Ocala, FL

Zip

Country

24 34470

City & State

28 Ocala, FL

Zip

Country

29 34470

30

9. Name and Address of Current Registered Agent

LUCAS, BRAD
3848 NW GAINESVILLE ROAD
OCALA FL 32675

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3220 NE 24th St

83

84 City Ocala

FL

85 Zip Code
34470

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LUCAS, BRAD
1617 NE 19TH AVE.
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
LUCAS, ADRIAN
4860 NE 23RD AVE.
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VANLUE, JEFF
6000 NE 25TH AVE.
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2499-354-867-8440

CR2E034 (11/98)

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