

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **L74384**

(3)

1. Corporation Name
LOVIN MOOD, INC.

Principal Place of Business
**2520 NORTH W. ST.
PENSACOLA FL 32505
US**

Mailing Address
**2520 NORTH W ST
PENSACOLA FL 32505-4934
US**



2. Principal Place of Business

21 Number Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Number Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

05/18/1990

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2830353

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

9. Name and Address of Current Registered Agent

**JONES, TIMOTHY L.
1138 HARBOR LANE
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

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

(If not the registered agent, the name of the registered agent must be typed or printed.)

(If not the registered agent's signature, the signature of the registered agent must be typed or printed.)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME P JONES, TIMOTHY L.	13.1 TITLE ☐ Change ☐ Addition
12.2 STREET ADDRESS 5072 SPRINGHILL DR.	13.2 NAME
12.3 CITY-STATE-ZIP PENSACOLA FL	13.3 STREET ADDRESS
12.4 TITLE DST	13.4 CITY-STATE-ZIP ☐ Change ☐ Addition
12.5 NAME WATSON, CHRISTINE L.	13.5 TITLE
12.6 STREET ADDRESS 1138 HARBOR LANE	13.6 NAME
12.7 CITY-STATE-ZIP GULF BREEZE FL	13.7 STREET ADDRESS
12.8 TITLE VP	13.8 CITY-STATE-ZIP ☐ Change ☐ Addition
12.9 NAME WATSON, THOMAS C.	13.9 TITLE
12.10 STREET ADDRESS 1138 HARBOR LANE	13.10 NAME
12.11 CITY-STATE-ZIP GULF BREEZE FL	13.11 STREET ADDRESS
12.12 TITLE	13.12 CITY-STATE-ZIP ☐ Change ☐ Addition
12.13 NAME	13.13 TITLE
12.14 STREET ADDRESS	13.14 NAME
12.15 CITY-STATE-ZIP	13.15 STREET ADDRESS
12.16 TITLE	13.16 CITY-STATE-ZIP ☐ Change ☐ Addition
12.17 NAME	13.17 TITLE
12.18 STREET ADDRESS	13.18 NAME
12.19 CITY-STATE-ZIP	13.19 STREET ADDRESS
12.20 TITLE	13.20 CITY-STATE-ZIP ☐ Change ☐ Addition
12.21 NAME	13.21 TITLE
12.22 STREET ADDRESS	13.22 NAME
12.23 CITY-STATE-ZIP	13.23 STREET ADDRESS
12.24 TITLE	13.24 CITY-STATE-ZIP ☐ Change ☐ Addition
12.25 NAME	13.25 TITLE
12.26 STREET ADDRESS	13.26 NAME
12.27 CITY-STATE-ZIP	13.27 STREET ADDRESS
12.28 TITLE	13.28 CITY-STATE-ZIP ☐ Change ☐ Addition
12.29 NAME	13.29 TITLE
12.30 STREET ADDRESS	13.30 NAME
12.31 CITY-STATE-ZIP	13.31 STREET ADDRESS
12.32 TITLE	13.32 CITY-STATE-ZIP ☐ Change ☐ Addition
12.33 NAME	13.33 TITLE
12.34 STREET ADDRESS	13.34 NAME
12.35 CITY-STATE-ZIP	13.35 STREET ADDRESS
12.36 TITLE	13.36 CITY-STATE-ZIP ☐ Change ☐ Addition
12.37 NAME	13.37 TITLE
12.38 STREET ADDRESS	13.38 NAME
12.39 CITY-STATE-ZIP	13.39 STREET ADDRESS
12.40 TITLE	13.40 CITY-STATE-ZIP ☐ Change ☐ Addition
12.41 NAME	13.41 TITLE
12.42 STREET ADDRESS	13.42 NAME
12.43 CITY-STATE-ZIP	13.43 STREET ADDRESS
12.44 TITLE	13.44 CITY-STATE-ZIP ☐ Change ☐ Addition
12.45 NAME	13.45 TITLE
12.46 STREET ADDRESS	13.46 NAME
12.47 CITY-STATE-ZIP	13.47 STREET ADDRESS
12.48 TITLE	13.48 CITY-STATE-ZIP ☐ Change ☐ Addition
12.49 NAME	13.49 TITLE
12.50 STREET ADDRESS	13.50 NAME
12.51 CITY-STATE-ZIP	13.51 STREET ADDRESS
12.52 TITLE	13.52 CITY-STATE-ZIP ☐ Change ☐ Addition
12.53 NAME	13.53 TITLE
12.54 STREET ADDRESS	13.54 NAME
12.55 CITY-STATE-ZIP	13.55 STREET ADDRESS
12.56 TITLE	13.56 CITY-STATE-ZIP ☐ Change ☐ Addition
12.57 NAME	13.57 TITLE
12.58 STREET ADDRESS	13.58 NAME
12.59 CITY-STATE-ZIP	13.59 STREET ADDRESS
12.60 TITLE	13.60 CITY-STATE-ZIP ☐ Change ☐ Addition
12.61 NAME	13.61 TITLE
12.62 STREET ADDRESS	13.62 NAME
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12.64 TITLE	13.64 CITY-STATE-ZIP ☐ Change ☐ Addition
12.65 NAME	13.65 TITLE
12.66 STREET ADDRESS	13.66 NAME
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12.68 TITLE	13.68 CITY-STATE-ZIP ☐ Change ☐ Addition
12.69 NAME	13.69 TITLE
12.70 STREET ADDRESS	13.70 NAME
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12.72 TITLE	13.72 CITY-STATE-ZIP ☐ Change ☐ Addition
12.73 NAME	13.73 TITLE
12.74 STREET ADDRESS	13.74 NAME
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12.76 TITLE	13.76 CITY-STATE-ZIP ☐ Change ☐ Addition
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12.78 STREET ADDRESS	13.78 NAME
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12.80 TITLE	13.80 CITY-STATE-ZIP ☐ Change ☐ Addition
12.81 NAME	13.81 TITLE
12.82 STREET ADDRESS	13.82 NAME
12.83 CITY-STATE-ZIP	13.83 STREET ADDRESS
12.84 TITLE	13.84 CITY-STATE-ZIP ☐ Change ☐ Addition
12.85 NAME	13.85 TITLE
12.86 STREET ADDRESS	13.86 NAME
12.87 CITY-STATE-ZIP	13.87 STREET ADDRESS
12.88 TITLE	13.88 CITY-STATE-ZIP ☐ Change ☐ Addition
12.89 NAME	13.89 TITLE
12.90 STREET ADDRESS	13.90 NAME
12.91 CITY-STATE-ZIP	13.91 STREET ADDRESS
12.92 TITLE	13.92 CITY-STATE-ZIP ☐ Change ☐ Addition
12.93 NAME	13.93 TITLE
12.94 STREET ADDRESS	13.94 NAME
12.95 CITY-STATE-ZIP	13.95 STREET ADDRESS
12.96 TITLE	13.96 CITY-STATE-ZIP ☐ Change ☐ Addition
12.97 NAME	13.97 TITLE
12.98 STREET ADDRESS	13.98 NAME
12.99 CITY-STATE-ZIP	13.99 STREET ADDRESS
12.100 TITLE	13.100 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I, the undersigned, 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97

704
436-4415

CR2E034 (9/96)