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Mar 12 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 # P93000021651 (3)

1. Corporation Name

LISA A. LOVINGOOD, ATTORNEY AT LAW, P.A.

Principal Place of Business

Mailing Address

2237 RIVERSIDE AVE
JACKSONVILLE FL 32204
US

2237 RIVERSIDE AVE
SUITE 733
JACKSONVILLE FL 32204-4819
US

2. Principal Place of Business

2a. Mailing Address

21 Sub. Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

g. Name and Address of Current Registered Agent

LOVINGOOD, LISA A
233 EAST BAY STREET
SUITE 733
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

06/20/1996

4. FEI Number

59-3165653

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE
NAME LOVINGOOD, CHARLES G SR.
SPECIAL ADDRESS 51 MOORING BUOY
CITY-ST-ZIP HILTON HEAD SC 29928

11 TITLE ☐ DELETE
NAME LOVINGOOD, LISA A
SPECIAL ADDRESS 505 BOWLES STREET
CITY-ST-ZIP NEPTUNE BEACH FL 32266

11 TITLE ☐ DELETE
NAME
SPECIAL ADDRESS
CITY-ST-ZIP

11 TITLE ☐ DELETE
NAME
SPECIAL ADDRESS
CITY-ST-ZIP

11 TITLE ☐ DELETE
NAME
SPECIAL ADDRESS
CITY-ST-ZIP

11 TITLE ☐ DELETE
NAME
SPECIAL ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 contained 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 unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97 (904) 384-1355

0029957

CR2E034 (9/96)