

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000046661 (3)

1. Corporation Name

LIVELY COVE, INC.



Principal Place of Business

RT. 5, BOX 500  
BIG PINE KEY FL 33043

Mailing Address

RT. 5, BOX 500  
BIG PINE KEY FL 33043

2. Principal Place of Business

2a. Mailing Address

21 252 W. SEAVIEW CIR.

26 201 COUNTY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DUCK KEY, FL

28 BIG PINE KEY, FL

24 33050 Country

29 33043 Country USA

25

30

3. Date Incorporated or Qualified  
07/02/1993

3a. Date of Last Report  
03/13/1995

4. FEI Number  
65-0423789

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

10. Name and Address of New Registered Agent

LIVELY, ALTON J  
RT. 5, BOX 500  
BIG PINE KEY FL 33043

81 Name

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

201 COUNTY ROAD

83

84 City

BIG PINE KEY

FL

85 Zip Code

33043

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LIVELY, ALTON J  
STREET ADDRESS RT. 5, BOX 500  
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE D ☐ DELETE  
NAME LIVELY, BETTY J  
STREET ADDRESS RT. 5, BOX 500  
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE D ☐ DELETE  
NAME LIVELY, DAVID J  
STREET ADDRESS RT. 5, BOX 500  
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

201 COUNTY ROAD

1.4 CITY-ST-ZIP

BIG PINE KEY FL 33043

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

201 COUNTY ROAD

2.4 CITY-ST-ZIP

BIG PINE KEY FL 33043

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

201 COUNTY ROAD

3.4 CITY-ST-ZIP

BIG PINE KEY FL 33043

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)