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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097554

1. Corporation Name

R. LOVETT BROKERAGE, INC.		
Principal Place of Business	Mailing Address	I INDIION IIN INDIA DISIL BAIR BAIR ON A SAIN INDI
1317 W BUSCH BLVD	P.O. BOX 82497	

FILED Mar 22, 1999 8:00 am **Secretary of State**

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rampa Fl,33612 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 12/21/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3350962 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5.-Certifcate of Status Desired_ Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 Country Zip 8. This corporation owes the current year Intangible Zip Country ☐ Yes Пио 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOVETT, RICHARD J JR. Street Address (P.O. Box Number is Not Acceptable) 82 1317 W BUSCH BLVD **TAMPA FL 33612** 83 85 Zip Code 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE 1.2 NAME LOVETT, RICHARD J JR. NAME 1.3 STREET ADDRESS 1317 W BUSCH BLVD STREET ADDRESS **TAMPA FL 33612** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE MLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS ದಲ್ಲ. ಎಸ್. ಜನ್. ಸ. ತಮ್ಮಾನಿ 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP. Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP. Addition Change □ DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)