

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90004 010 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000025158

1. Corporation Name
LOSS RECOVERY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5838 COMMERCE ROAD
MILTON FL 32583**

Mailing Address
**5838 COMMERCE ROAD
MILTON FL 32583**

3. Date Incorporated or Qualified

03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number

59-3380664

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

9. Name and Address of Current Registered Agent

**DICKSON, BARRY E
121 PALAFOX PL
SUITE C
PENSACOLA FL 32501**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PAULLIN, GARY	
STREET ADDRESS	5838 COMMERCE RD.	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SILBER, BARRY	
STREET ADDRESS	226 E. GOVERNMENT	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PAULLIN, NATHAN	
STREET ADDRESS	5838 COMMERCE ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PARRIS, BRUCE	
STREET ADDRESS	201 PENSACOLA BCH RD D-2	
CITY-ST-ZIP	GULF BREEZE FL 32651	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ELEGADO, CARLOS	
STREET ADDRESS	5838 COMMERCE ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUNTER, TERRY M.	
1.3 STREET ADDRESS	5838 Commerce Rd.	
1.4 CITY-ST-ZIP	Milton, FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEVINS, ANTHONY J. JR.	
2.3 STREET ADDRESS	5838 Commerce Rd.	
2.4 CITY-ST-ZIP	Milton, FL 32583	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (11/98)