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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90083 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000006248

1. Corporation Name
LOVEY'S, INC.



Principal Place of Business
6504 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address
6504 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

65-0727462

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

2. Principal Place of Business

21 2020 Thomas Drive

Suite, Apt. #, etc.

22

City & State

23 Panama City Beach, FL

Zip

24 32408

Country

25 USA

2a. Mailing Address

26 2020 Thomas Drive

Suite, Apt. #, etc.

27

City & State

28 Panama City Beach, FL

Zip

29 32408

Country

30 USA

9. Name and Address of Current Registered Agent

HARDY, MALCOLM L
6504 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name

GAYLE S. HARDY

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

6504 THOMAS DRIVE

83

84 City

PANAMA CITY BEACH

FL

85 Zip Code

32408

11. Pursuant to the provisions of Sections 607.0501 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

4/26/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HARDY, MALCOLM L

STREET ADDRESS 6504 THOMAS DRIVE

CITY-STATE-ZIP PANAMA CITY BEACH FL 32408

TITLE ☐ DELETE

NAME PRESIDENT

NAME GAYLE S. HARDY

STREET ADDRESS 6504 THOMAS DRIVE

CITY-STATE-ZIP PANAMA CITY BEACH, FL 32408

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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

4/26/99

Date

850-234-2426

Daytime Phone #

CR25034 (11/98)