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Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000034374 (3)**

1. Corporation Name

LOVETT MILLER MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

**% ROBERT KREIS
1800 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

**% ROBERT KREIS
1800 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1 Independent Drive

Suite, Apt. #, etc.

27

Suite 1600

City & State

28

Jacksonville, FL

29

32202-5009

Country

30

USA

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

59-3451705

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **D** ☐ DELETE

NAME **LOVETT, W R**
STREET ADDRESS **1800 JACKSONVILLE SQ.**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ DELETE

NAME **MILLER, W C**
STREET ADDRESS **1800 JACKSONVILLE SQ.**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D CEO** ☒ Change ☐ Addition

1.2 NAME **Lovett, W. R. II**
1.3 STREET ADDRESS **1 Independent Drive, Suite 1600**
1.4 CITY-ST-ZIP **Jacksonville, FL 32202-5009**

2.1 TITLE **DP** ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1 Independent Drive, Suite 1600**
2.4 CITY-ST-ZIP **Jacksonville, FL 32202-5009**

3.1 TITLE **VT** ☐ Change ☒ Addition

3.2 NAME **Williams, L. D.**
3.3 STREET ADDRESS **1 Independent Drive, Suite 1600**
3.4 CITY-ST-ZIP **Jacksonville, FL 32202-5009**

4.1 TITLE **S** ☐ Change ☒ Addition

4.2 NAME **Mello, Jeannine**
4.3 STREET ADDRESS **1 Independent Drive, Suite 1600**
4.4 CITY-ST-ZIP **Jacksonville, FL 32202-5009**

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 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 recipient, a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE

W. R. Lovett II
Director 6-1-98 100176348808

CR2E034 (10/97)