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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034374

1. Corporation Name
LOVETT MILLER MANAGEMENT CORPORATION

Principal Place of Business % ROBERT KREIS 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32202	Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1 Independent Drive	26 Suite, Apt. #, etc.
22 Suite 1600	27 City & State
23 Jacksonville, FL	28 Zip
24 32202-5009	29 USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
04/16/1997	59-3451705	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. \$8.75 Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
W. R. Lovett II
 82 Street Address (P.O. Box Number is Not Acceptable)
1 Independent Drive
 83 **Suite 1600**
 84 City
Jacksonville **FL** 85 Zip Code
32202

11. Pursuant to the provisions of Sections 607.0503 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 *W. R. Lovett II* **W. R. Lovett II** **2/10/99**
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	CEO	<input type="checkbox"/> DELETE
NAME	LOVETT, W. R.	
STREET ADDRESS	1 INDEPENDENT DR, #1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, W. C.	
STREET ADDRESS	1 INDEPENDENT DR, #1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, L. D.	
STREET ADDRESS	1 INDEPENDENT DR, #1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MELLO, JEANNIE	
STREET ADDRESS	1 INDEPENDENT DR, #1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOVETT, W. R. II	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, W. S.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MELLO, JEANNINE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *L. Williams, Vice Pres* **February 18, 1999** 904/634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)