

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96774

Entity Name: LOVCO, INC.

Current Principal Place of Business:

1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009

Current Mailing Address:

1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009 US

FEI Number: 59-2398685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIELDS, DAVID R
1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DV
Name FANT, LAUREN L
Address 1 INDEPENDENT DRIVE SUITE 1600
City-State-Zip: JACKSONVILLE FL 32202-5009

Title VPD
Name LOVETT, PHILIP H.
Address 1 INDEPENDENT DRIVE SUITE 1600
City-State-Zip: JACKSONVILLE FL 32202-5009

Title PD
Name LOEB, K L
Address 1 INDEPENDENT DRIVE SUITE 1600
City-State-Zip: JACKSONVILLE FL 32202-5009

Title VD
Name LOVETT, W.R. II
Address 1 INDEPENDENT DRIVE SUITE 1600
City-State-Zip: JACKSONVILLE FL 32202-5009

Title VPT
Name SHIELDS, DAVID R
Address 1 INDEPENDENT DR SUITE 1600
City-State-Zip: JACKSONVILLE FL 32202

Title S
Name MELLO, JEANNINE
Address 1 INDEPENDENT DR SUITE 1600
City-State-Zip: JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEANNINE MELLO

SECRETARY

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date