

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G96774

**Entity Name:** LOVCO, INC.

**FILED**  
**Feb 04, 2015**  
**Secretary of State**  
**CC8661502027**

**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**

**02/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date