FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H47802** **(4)**

1. Corporation Name
P AND M LITTLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
15007 N. FL. AVENUE TAMPA FL 33613	15007 N. FL. AVENUE TAMPA FL 33613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/19/1985
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21: 14202 Carlson Cir.
22 Suite, Apt. #, etc.: Tri-County Business Park
23 City & State: Tampa Fl
24 Zip: 33626
25 Country: USA

2a. Mailing Address
26: 11009 Sunswept Pl.
27 Suite, Apt. #, etc.:
28 City & State: Tampa Fl
29 Zip: 33624
30 Country: USA

4. FEI Number: 59-2496816 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

FAULKNER, PATRICK
15007 W. FL. AVENUE
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: PATRICK FAULKNER
82 Street Address (P.O. Box Number is Not Acceptable):
83: 11009 Sunswept Pl
84 City: TPA **FL** 85 Zip Code: 33624

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] 4-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	FAULKNER, PATRICK D.	1.2 NAME	PATRICK FAULKNER	
STREET ADDRESS	15007 N. FL. AVENUE	1.3 STREET ADDRESS	11009 SUNSWEPT PL	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TPA., FL 33624	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	FAULKNER, MIA	2.2 NAME	MIA FAULKNER	
STREET ADDRESS	15007 N. FL. AVENUE	2.3 STREET ADDRESS	11009 SUNSWEPT PL	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TPA., FL 33624	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	FAULKNER, HELEN	3.2 NAME		
STREET ADDRESS	2606 LITTLE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	FAULKNER, MIKE	4.2 NAME		
STREET ADDRESS	188 UPPER FLAT CREEK RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEAVERVILLE NC	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] PATRICK FAULKNER 4-17-95 9139614821
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0443076 FP