

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H47802

(4)

1. Corporation Name

P AND M LITTLE ENTERPRISES, INC.



Principal Place of Business

14202 CARLSON CIRCLE
TRI-COUNTY BUSINESS PARK
TAMPA FL 33626
US

Mailing Address

11009 SUNSWEPT PLACE
TAMPA FL 33624
US

3. Date Incorporated or Qualified

03/19/1985

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAULKNER, PATRICK
11009 SUNSWEPT PLACE
TAMPA FL 33624

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 the address

(NOTE: Registered Agent signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP
STREET ADDRESS FAULKNER, PATRICK D.
CITY-ST-ZIP 11009 SUNSWEPT PLACE
TAMPA FL

TITLE ☐ DELETE

NAME V
STREET ADDRESS FAULKNER, MIA
CITY-ST-ZIP 11009 SUNSWEPT PLACE
TAMPA FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS FAULKNER, HELEN
CITY-ST-ZIP 2606 LITTLE ROAD
VALRICO FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS FAULKNER, MIKE
CITY-ST-ZIP 188 UPPER FLAT CREEK RD
WEAVERVILLE NC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICK FAULKNER 4-3096 891-9622

CR2E034 (12/95)