

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 # L56630

(1)

1. Corporation Name

LITTREL AND ASSOCIATES, INC.



Principal Place of Business

% RICHARD A. ZACUR  
5200 CENTRAL AVE  
ST PETERSBURG FL 33707-1834

Mailing Address

% RICHARD A. ZACUR  
5200 CENTRAL AVE  
ST PETERSBURG FL 33707-1834

3. Date Incorporated or Qualified  
03/08/1990

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 13917 76TH TERRACE N

Suite, Apt. #, etc.

22 City & State  
23 SEMINOLE, FL.

24 Zip 34646

Country  
25 PINELLAS

2a. Mailing Address

26 13917 76TH TERRACE N

Suite, Apt. #, etc.

27 City & State

28 SEMINOLE, FL.

29 Zip 34646

Country  
30 PINELLAS

4. FEI Number

59-2994103

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

ZACUR, RICHARD A.  
5200 CENTRAL AVE  
ST PETERSBURG FL 33733

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME LITTREL, BRIAN, L  
STREET ADDRESS 9116 BLOSSOM LANE, APT 7-  
CITY-ST-ZIP LOUISEVILLE KY-

TITLE D ☐ DELETE  
NAME LITTREL, TERRY L  
STREET ADDRESS 301 87TH AVENUE #301  
CITY-ST-ZIP ST PETE BEACH FL

TITLE STD ☐ DELETE  
NAME OKRASINSKI, LINDA  
STREET ADDRESS 15150 MUNICIPAL DR  
CITY-ST-ZIP MADEIRA BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 13917 76TH TERRACE N  
1.4 CITY-ST-ZIP SEMINOLE, FL. 34646

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 13917 76TH TERRACE N  
2.4 CITY-ST-ZIP SEMINOLE, FL. 34646

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRYL. LITTREL

4/26/96

Date

813-392-3396

Daytime Phone #

CR2E034 (12/95)