

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 279110**

**(1)**

1. Corporation Name

**C. GOODRICH LITTLEFIELD, JR., INC.**



Principal Place of Business

Mailing Address

**900 EAST ATLANTIC AVENUE  
WATERWAY EAST, SUITE 1  
DELRAY BEACH FL 33483-7275**

**900 EAST ATLANTIC AVENUE  
WATERWAY EAST, SUITE 1  
DELRAY BEACH FL 33483-7275**

2. Principal Place of Business

2a. Mailing Address

**21 2530 AVENUE AU SOLEIL**

**26 2530 AVENUE AU SOLEIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 GULF STREAM, FLORIDA**

**28 GULF STREAM, FLORIDA**

Zip

Country

Zip

Country

**24 32482**

**25 Palm Beach**

**29 32483**

**30 Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LITTLEFIELD, C GOODRICH  
2530 AVE AU SOLEIL  
GULF STREAM FL 33444**

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PDT  
LITTLEFIELD, C GOODRICH  
900 E ATLANTIC AVE  
DELRAY BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

**C. Goodrich Littlefield, Jr. Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/2/96**

**561-278-6850**

Date

Daytime Phone #

CR2E034 (12/95)