

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # **437008** (6)

1. Corporation Name

LITTLE FARMS, INCORPORATED

FILED

37 SEP 17 PM 1:05

SECRETARY OF STATE

Principal Place of Business

**ROUTE 2, BOX 130
HAVANA FL 32333**

Mailing Address

**ROUTE 2, BOX 130
HAVANA FL 32333**

3. Date Incorporated or Qualified
09/27/1973

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number

59-1564633

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

**REGISTER, BILLY D
ROUTE 2 BOX 130 HIGHWAY 27 N
HAVANA FL 32333**

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 dated application

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **REGISTER, BILLY D**
STREET ADDRESS **ROUTE 2 BOX 130**
CITY-ST-ZIP **HAVANA, FLORIDA 32333**

TITLE **S** ☐ DELETE

NAME **DEESE, GLADYS**
STREET ADDRESS **TALLAHASSEE ROAD N/A**
CITY-ST-ZIP **THOMASVILLE, GA 00000**

TITLE **V** ☐ DELETE

NAME **DEESE, B W**
STREET ADDRESS **PO BOX 315 HWY 90 N/A**
CITY-ST-ZIP **LIVE OAK, FL 00000**

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

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

9/17/97

Date

Daytime Phone #

CR2E034 (12/95)

September 17, 1997

Ms. Stacy Prather, Reinstatement Officer (2)
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

Dear Ms. Prather:

Reference is made to Little Farms, Incorporated, FEI # 59-1564633, and Document # 437008 and the delinquency of the 1996 and 1997 Florida Annual Report resulting in penalties of \$585.00 being proposed.

I respectfully request that all Penalties concerning late filing be abated or waived under the reasonable cause provisions of the Florida Statutes and related rules and regulations.

Mr. B.W. Deese has suffered an aneurysm and several strokes which have greatly diminished his mental and physical capacity to deal with his business affairs. At the present time, Mr. Deese is bedridden after having his last stroke in December, 1995.

Copies of medical records are available if requested. Any assistance you can give us in this regard will be greatly appreciated. Sincerely,