

PROFIT CORPORATION ANNUAL REPORT



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

FILED

37 SEP 17 PM 1:05

SECRETARY OF STATE

DOCUMENT # **437008** (6)
1. Corporation Name
LITTLE FARMS, INCORPORATED

Principal Place of Business Mailing Address
ROUTE 2, BOX 130 HAVANA FL 32333 **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		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1564633		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

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 _____ (NOTE: Registered Agent Signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, BILLY D	1.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 130	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FLORIDA 32333	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, GLADYS	2.2 NAME	
STREET ADDRESS	TALLHASSEE ROAD N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 00000	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, B W	3.2 NAME	600002296196-9
STREET ADDRESS	PO BOX 315 HWY 90 N/A	3.3 STREET ADDRESS	-09/17/97--01114--009
CITY-ST-ZIP	LIVE OAK, FL 00000	3.4 CITY-ST-ZIP	****365.00 ****365.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Billy D Register* 9/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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,