


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 437008 (6) 1. Corporation Name LITTLE FARMS, INCORPORATED					
Principal Place of Business ROUTE 2, BOX 130 HAVANA FL 32333			Mailing Address ROUTE 2, BOX 130 HAVANA FL 32333		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 P.O. Box 576 Suite, Apt. #, etc. 22 HIGHWAY 27 NORTH City & State 23 HAVANA, FL 32333 Zip 24 32333		2a. Mailing Address 26 P.O. Box 576 Suite, Apt. #, etc. 27 HIGHWAY 27 NORTH City & State 28 HAVANA, FL 32333 Zip 29 32333 Country 30 GADSDEN		3. Date Incorporated or Qualified 09/27/1973 4. FEI Number 59-1564633 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent REGISTER, BILLY D ROUTE 2 BOX 130 HIGHWAY 27 N HAVANA FL 32333				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 NAME STREET ADDRESS CITY-ST-ZIP PT REGISTER, BILLY D ROUTE 2 BOX 130 HAVANA FL 32333 TITLE NAME STREET ADDRESS CITY-ST-ZIP S DEESE, GLADYS TALLAHASSEE ROAD N/A THOMASVILLE GA TITLE NAME STREET ADDRESS CITY-ST-ZIP V DEESE, B W PO BOX 315 HWY 90 N/A LIVE OAK FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* Jan. 8, 1998 (904) 539-5105

CR2E034 (10/97)