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 #

(3)

1. Corporation Name LITTLE SPROUT, INC.

FILED

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 MAY 10 PM 2: 35

Mailing Address Principal Place of Business 2064 PINELAND STREET 2064 PINELAND STREET NAPLES FL 33962 NAPLES FL 33962 3a. Date of Last Report 3. Date Incorporated or Qualified 01/23/1995 08/04/1977 Applied For 4. FET Number 2a. Maling Address 2. Principal Place of Business 59-1873934 Not Applicable 26 21 \$8.75 Additional Suite Apt. 4, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 Country Country Ζıρ Zio 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BLAKE, JAMES A JR 82 2064 PINELAND ST NAPLES, FL 33962 Zip Code 85 84 City 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 graph Pages and Again's grassion required when increasing CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.131115 TITLE 200001921392 BLAKE, JAMES A. 1.2 NAME NAME -05/15/96--01002--017 2064 PINELAND ST 1.3 STREET ADDRESS STREET ADDRESS ****225.00 ****225.00 NAPLES FL CITY - ST - ZIP Change Addition □ DELETE 2.1 10115 TITLE BLAKE, JUDY A. 2.2 NAME NAME 2064 PINELAND STREET 2.3 STHEE! ADDRESS STREET ADDRESS NAPLES FL 24 CITY ST-ZIP CHTY - ST - ZIP Change Addition DELETE 3.10003 TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIF CITY-ST-ZIF Change Addition DELETE 4 I TITLE TITLE 4.2 NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 Till E TITLE 5.2 NAME NAME 5.3 STEEF! ADDRESS STREET ADDRESS 5.4 City St - 70° CITY - ST - ZIP Addition ☐ Change DELETE 6.13006 TITLE 6.2 NAME NAME STREE! ADDRESS

14. I do herefy 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 cath; that if 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:

NAME OF SIGNING OFFICER OR DIRECTOR