

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 593366

(8)

1. Corporation Name  
THAT LITTLE CORPORATION



Principal Place of Business

1000 WEST MAIN ST  
P.O. DRAWER 1357  
LEESBURG FL 34748-4925

Mailing Address

1000 WEST MAIN ST  
P.O. DRAWER 1357  
LEESBURG FL 34748-4925

3. Date Incorporated or Qualified

11/07/1978

3a. Date of Last Report

01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2663301

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

BURNSD, R. DEWEY  
1000 WEST MAIN ST  
LEESBURG, FL ABW

10. Name and Address of New Registered Agent

81 Name

Burnsed, R. Dewey

82 Street Address (P.O. Box Number is Not Acceptable)

1100 Main Street

83

Suite 211

84 City

Lady Lake

FL

85 Zip Code

32159

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	D	<input type="checkbox"/> DELETE
NAME	BURNSD, R. DEWEY	
STREET ADDRESS	1000 WEST MAIN ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	BURNSD, R. DEWEY	
STREET ADDRESS	1000 W MAIN ST	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLIN, WALTER S III	
STREET ADDRESS	1000 W MAIN ST	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MCLIN, WALTER S III	
STREET ADDRESS	1000 W MAIN ST	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dewey Burnsed 1/22/97 352-53-4690  
Date Daytime Phone #

CR2E034 (9/96)