

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 # 600713 (2)

1. Corporation Name
LITTLE ENTERPRISES, INC.



Principal Place of Business
7915 W POCAHONTAS LOOP
TAMPA FL 33615
US

Mailing Address
7915 W POCAHONTAS LOOP
TAMPA FL 33615
US

3. Date Incorporated or Qualified 12/30/1968
3a. Date of Last Report 04/19/1995

2. Principal Place of Business 21 P.O. Box 2057 Suite, Apt. #, etc. 22 City & State 23 Anna Maria, Fla. 24 Zip 34216 25 Country US	2a. Mailing Address 26 P.O. Box 2057 Suite, Apt. #, etc. 27 City & State 28 Anna Maria, Fla. 29 Zip 34216 30 Country U.S.	4. FEI Number 59-1226604 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	---

9. Name and Address of Current Registered Agent

LITTLE, WILFRED D.
7915 W POCAHONTAS LOOP
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name Little, Wilfred D.
82 Street Address (P.O. Box Number is Not Acceptable)
242 Oak Ave.
83 P.O. Box 2057
84 City Anna Maria FL 85 Zip Code 34216

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: Wilfred D. Little
(Signature, typed or printed name of registered agent and title if applicable)

(Wilfred D. Little)

4/19/96
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LITTLE JR, W D 7915 W POCAHONTAS LOOP TAMPA, FL 00000 [] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STD LITTLE JR, W.D. P.O. Box 2057, 242 Oak Ave ANNA MARIA, FL 34216 [X] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITTLE, SALLY JO 7915 W POCAHONTAS LOOP TAMPA FL [] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PP Little, Sally Jo P.O. Box 2057, 242 OAK AVE ANNA MARIA, FL 34216 [X] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[] Change [] Addition

300001838333

05/24/96 01034-027
***200.00

5/1

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: Sally Jo Little SALLY JO LITTLE #02-96 941-778-6929
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)

CR2E034 (12/95)