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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra-B. Mortham , ANNUAL REPORT Secretary of State . 97 JUN 23 AM 10: 19 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT #
1. Corporation Name 600713 (2)LITTLE ENTERPRISES. INC. Mailing Address Principal Place of Business P. O. Box 2057 P. O. Box 2057 Anna Maria FL 34216 Anna Maria Fl 34216 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1968 04/19/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1226604 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **81** Name Little, Wilfred D. 242 Oak Avenue Street Address (P.O. Box Number is Not Acceptable) Anna Maria FL 34216 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby 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) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE NAME Little, Jr., W.D. 1.2 NAME (2420A/ AUR.) STREET ADDRESS P. O. Box 2057 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP <u>lnna Maria Fli 34216</u> ■ DELETE Change Addition TITLE 2.1 TITLE 500002222765--1 -06/25/97--01084--019 Little, Sally Jo NAME 22 NAME P. O. Box 2057 STREET ADDRESS 23 STREET ADDRESS ****165,00° ****165.00 Anna Maria FL 34216 City-St-ZIP 2 4 CiTY-S1-ZIP ☐ DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - 7IF CITY-ST-ZIP DELETE 51 TIBLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETÉ 61 TH (E Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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 logal effect as if made under path, 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.

Sec-Trees 4-30-97 244-5772