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Apr 25 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 # G81052 (4)

1. Corporation Name
MARC LITTLE ENTERPRISES, INC.



Principal Place of Business
5991 CHESTER AVENUE
SUITE 203
JACKSONVILLE FL 32217

Mailing Address
P.O. BOX 5790
JACKSONVILLE FL 32247-5790

3. Date Incorporated or Qualified 01/26/1984 3a. Date of Last Report 05/31/1996

2. Principal Place of Business 21 8070 WANEFIELD AVE. 2a. Mailing Address 26 8070 WANEFIELD AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 NA 27 NA
City & State City & State

23 JACKSONVILLE, FL 28 JACKSONVILLE, FL
Zip Country Zip Country

24 32208 25 DUVAL 29 32208 30 DUVAL

4. FEI Number 59-2356267 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

LITTLE, MARC
1000 BROWARD ROAD
#908
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name MARC LITTLE
82 Street Address (P.O. Box Number is Not Acceptable) 8070 WANEFIELD AVENUE
83
84 City JACKSONVILLE, FL 85 Zip Code 32208

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] MARC LITTLE CHAIRMAN 4-21-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	LITTLE, MARC	
STREET ADDRESS	1000 BROWARD ROAD, #908	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRIGGS, CHARLES	
STREET ADDRESS	10937 KEY CORAL DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LITTLE, MARC	
1.3 STREET ADDRESS	8070 WANEFIELD AVENUE	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32208	
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] MARC LITTLE 4-21-97 (904) 273-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)