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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

18425 US 301

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DADE CITY FL 33525

Suite, Apt. #, etc.

City & State

C/O KENNIETH W LITTLEFIELD

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H25913

(5)

% KENNETH W. LITTLEFIELD

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apl. #, etc.

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9. Name and Address of Current Registered Agent

18425 US 301 DADE CITY FL 33523-6975

LITTLEFIELD'S FURNITURE, INC.

25

LITTLEFIELD, KENNETH W.

18425 US 301

SIGNATURE:

DADE CITY FL 33525

FILED								
May	14	1997	8:00am					
Sec	cret	ary of	State					

3.	Date Incorporated or Qualified 10/17/1984	3a. Date of Last Report 05/01/1996		
4,	FEI Number 59-2469432			Applied For Not Applicable
Б.	Certificate of Status Desired			5 Additional Required
6.	Election Campaign Financing Trust Fund Contribution		•	00 May Be led to Fees
8.	This corporation has liability for Ftorida Statutes	intangit:] Yes	ole tax und ☐ No	er s. 199.032,
10.	Name and Address of New Re	gistere	d Agent	

Zip Code

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.

Country

82

83

84 City

Name

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

4/30/97

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agent. La	m familiar with, and accept the obligations of, Section 6	07.0505, Florid	a Statutes.			
SIGNATURE	Signature, typod or printed name of registered agent and title if applicable.	(NOTE: Re	egistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS	3 IN 12
100,6	P	DELETE	1,1,TITLE		Change	Addition
NAME	LITTLEFIELD, KENNTH W.		1.2 NAME			
STREET ADDRESS	18425 US 301		1.3 STREET ADORESS			
CITY - ST - ZIF	DADE CITY FL		1.4 CITY-ST-ZIP			
TILLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME	LITTLEFIELD, CAROLE A.		2.2 NAME			
STREET ADDRESS	18425 US 301		2.3 STREET ADDRESS			ĺ
CITY - \$1 - ZIP	DADE CITY FL	i	2. 4 CITY-ST-ZIP		(A) (
THILE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
City-St-7iP			3.4. CITY-ST-ZIP			
TITLE		DELEYE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-7IP			4.4 CITY-ST-ZIP			
THLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME		*	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY · S1 - ZIP			5.4 CITY - ST - ZIP			
TITLE) DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			i
STREET ADDRESS	· • • • • • • • • • • • • • • • • • • •		6.3 STREET ADDRESS			
CITY-ST-ZIP		***************************************	6.4 CITY-ST-ZIP		18-1	
14. I do here informatio I am an c appears	by certify that the information supplied with his filing do on indicated on this annual report or supplymental annu officer or director of the corporation of the receiver or tru in Block 12 or Block 13 if changed, won an attachpent	es not qualify f al report is true istee empowere with an addre	for the exemption si e and accurate and ed to execute this r	tated in Section 119.07(3)(i), Florida Statulithat my signature shall have the same leg eport as required by Chapter 607, Florida	es, i further certify that I jai effect as if made und Statutes; and that my n	ine der oath; that ame