Mailing Address

GES PITTMAN RIT CALLAHAN FL 32011

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT #** H88369

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

GRIFFIS, LOUISE W.

OFFICERS AND DIRECTORS

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

966 PITTMAN RD

21

22

23

24

Zip

SIGNATURE

STREET ADDRESS

12.

TITLE

NAME

CALLAHAN FL 32011

LITTLE LUCY, INC.

966 PITTMAN RD CALLAHAN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE GRIFFIS, DWIGHT G. 2.2 NAME NAME 2.3 STREET ADDRESS 966 PITTMAN RD STREET ADDRESS CALLAHAN FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME GRIFFIS, RICHARD J. NAME 3.3 STREET ADDRESS 966 PITTMAN RD STREET ADORESS 3.4. CITY-ST-ZIP CALLAHAN FL CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90064 042 ***150.00

DO NOT WRITE IN THIS SPACE					
					3.
4.	FEI Number 59-2640335			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 owes the curre Personal Property Tax.	ent year I	ntangible	⊠ No	
10.	Name and Address of New Registered Agent				

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

DAVIS, CLYDE, W Street Address (P.O. Box Number is Not Acceptable) 13 NORTH 4TH ST FERNANDINA BEACH FL 32034 Zip Code City

(NOTE: Registered Agent signature required when reinstating)

Country

30

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.

13.

1.1 TITLE

12 NAME

1.3 STREET ADDRESS

DELETE

14. I 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, by on an attachment with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

CR2E034 (11/98

Addition