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**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

J32467 **DOCUMENT #** 

(9)

1. Corporation Name LITTLE TERRAPIN TOP, INC.

| Principal | Place | of | Business |  |
|-----------|-------|----|----------|--|
|           |       |    |          |  |

Mailing Address



| City & State   28   | 5013 ORTEGA FOREST DR.<br>JACKSONVILLE FL 32210 |  | 5013 ORTEGA FOREST DR.<br>JACKSONVILLE FL 32210 |   |                                  |  |                  |                              |                               |  |
|---|---|--|---|---|----------------------------------|--|------------------|------------------------------|-------------------------------|--|
| Substitution  |   |  |   |   |                                  | 08/25/1986   |                  |                              |                               |  |
| Suite, Apr. 40.   40.   5.   5.   Contrigue of Status Desired   \$8.75 Additional for Required Corp. 5.   5.   Contrigue of Status Desired   \$8.75 Additional for Required Corp. 5.   5.   Contrigue of Status Desired   \$8.75 Additional for Required Corp. 5.   5.   Contrigue of Status Desired   \$5.00 May Be Insult Fund Contribution   \$5.00 May Be Added to Fees   Status Desired Contribution   \$5.00 May Be Added to Fees   Status Desired Contribution   \$5.00 May Be Added to Fees   Status Desired Contribution   \$5.00 May Be Added to Fees   Status Desired Contribution   \$5.00 May Be Added to Fees   Status Desired Contribution   \$5.00 May Be Added to Fees   Status Contribution   \$5.00 May Be Added to Fees   Status Contribution   \$5.00 May Be Added to Fees   Status Contribution   \$5.00 May Be Added to Fees   \$5.00 May Be Insult Contribution   \$5.00 May Be Added to Fees   \$5.00 May Be Insult Contribution   \$5.00 May Be Ins |   |  |   | 2a. Mailing Address                                   |                                  |  |                  | I A                          | pplied For                    |  |
| Compared   | <del></del>                                     |  |   | 26  |                                  | 59-2776165   |                  |                              | lot Applicable                |  |
| 28  | Suite, Apt. #, etc.  [22]                       |  | 27  | 27  |                                  | 5. Certificate of Status Desired   |                  |                              |                               |  |
| Part   | City & State<br>23                              | -   -   -   -   -   -   -   -   -   -                |   |   |                                  | , , ,  |                  |                              |                               |  |
| Section   Sect  |   | <u> </u>   | Zip   | Count   | ry                               | 8. This corporation has liability for  | or intangible ta | k under s                    | 199.032,                      |  |
| BARTON, DONALD E. 5013 ORTEGA FOREST DR. JACKSONVILLE FL. 32210  83  Only  94  Only  FL  85  Only  FL  FL  85  Only  FL  FL  FL   | 24  |  |   | 30  |                                  | _  |                  |                              |                               |  |
| BARTON, DONALD E. 5013 ORTEGA FOREST DR. JACKSONVILLE FL. 32210  83  84 Oty FL 85 70 Codo  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fonds Statutes, the above named corporation submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. Such change was authorized by the corporation's submits this statement for the purpose of changing is registered agent, and docept the objective of Sections 607,0502 and 607,1508, Fonds Statutes, the above named corporation submits this statement for the purpose of changing is registered agent. I am familiar within and docept the objective of section 607,050, Fonds Statutes.  SIGNATURE  SIGNATURE  DP  OFFICERS AND DIRECTORIS  12. OFFICERS AND DIRECTORIS  13. Intil  DP  BARTON, Specific or mediatered registered agent. I am familiar within a section of corporation submits this statement for the purpose of changing agent agent. I am familiar within a section of corporation submits this statement for the purpose of changing agent agent agent. I am familiar within a section of corporation submits this statement for the purpose of changing agent agent agent. I am familiar within a section of corporation submits this statement for the purpose of changing agent agent. I am familiar within a section of corporation submits this statement for the purpose of changing agent agent agent agent agent. I am familiar within a section of corporation submits this statement for the purpose of changing agent agent agent agent agent. I am familiar within a section of corporation submits this statement for the purpose of changing agent agent agent agent agent. I am familiar within a section of corporation submits this statement for the purpose of changing agent a  |   | 9. Name and Address of Currer                        | nt Registered Agent                             |   |                                  | 10. Name and Address of New  | Registered A     | gent                         |                               |  |
| SOI3 ORTEGA FOREST DR.  JACKSONVILLE FL. 32210  80  Only  FL. 85  To Code  11. Persuant to the provisions of Sections 607.0502 and 607.1508. Finals Statutes, the above named corporation submits the statement for the purpose of changing its registered difficent of the purpose of positions of provided by the corporation's board of detector. Hereby accept the appointment are registered difficently and accept the obligations of Section 607.0505 from Statutes.  SIGNATURE  SIGNATURE  DP  BARTON, DONALD E.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  14. 11. THE  DP  BARTON, DONALD E.  SIGNATURE  3. SIREH ADDRESS  5013 ORTEGA FOREST DRIVE  JACKSONVILLE FL  DT  DT  DT  DT  DT  DT  DT  DT  DT  D  | DARTON  |  |   | В   | 1 Name                           |  |                  |                              |                               |  |
| JACKSONVILLE FL. 32210  83  City  Ci  |   |  | 8   | 82 Street Address (P.O. Box Number is Not Acceptable) |                                  |  |                  |                              |                               |  |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fordida Statutes, the above hanced corporation submits the statutes are spatiated office or registered agent, or both, in the State of Florida Statutes, the above hanced corporation submits the statutes are spatiated office or registered agent, in the State of Florida Statutes. The above hanced or registered agent in the purpose of changing its registered diffice familiar which, and accept the objections of Scoton 607,0505, Florida Statutes.    SIGNATURE  |   |  |   |   |                                  |  |                  |                              |                               |  |
| 11. Pursuant to the provisions of Socions 607,0502 and 607,1508, Florida Statutes, the above hanced corporation submits the statement for the pursues of changing its registered directors. If we pursues of changing its registered directors and its fire explainable with a decoder the objection 607,0505, Florida Statutes.  SIGNATURE  Signature  Signature  Signature  Signature  Signature  DP  OFFICERS AND DIRECTORS  13. ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  The BARTON, DONALD E.  SIGNATURE  DP  BARTON, DONALD E.  SIGNATURE  DIRECTORS  12. ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TAME  SIGNATURE  DP  DR  DR  DR  DR  DR  DR  DR  DR  DR  | JACKSO  | NVILLE FL. 32210                                     |   | 8   | 3                                |  |                  |                              |                               |  |
| 11. Personal to the provisions of Sections 607, 6002 and 607, 1500, Florida Statutes, the above handed corporation submits this statement for the purpose of changing its registered office for registered agent, or both, in the State of Florida Statute, change was without registered agent.    Part  |   |  |   | 8   | 4 City                           |  | Fi               | <b>85</b> Zip                | Code                          |  |
| Symmes   S  | or registere                                    | sa agent, or both, in the State of Flori             | da. Such change was authoriz                    | ed by the cor   | named corpora<br>poralion's boar | ation submits this statement for the p<br>d of directors. I hereby accept the ap | wanes of sheet   | nging its re<br>registered a | gistered office<br>agent. Lam |  |
| 12.   |   | Signature, typed or printed name of registered agest | onul title if application (NO                   | DIE Boostored Ap                                      | erd sanaturo matemal             | t was reverse takenin  | FACTS.           |                              |                               |  |
| DR  |   | OFFICERS AN  |   |   |                                  |  |                  | DIRECTOR                     | S IN 12                       |  |
| STREET ADDRESS   DOT   DELETE   13 STREET ADDRESS   DACKSONVILLE FL   14 CITY - ST - 2PP  | TITLE   |  | DELFTE  | 1, 1 TITU   |                                  |  |                  |                              |                               |  |
| DELETE   D  | NAME  | •  |   | 1.2 NAM   | .                                |  |                  | -                            | ;                             |  |
| DELETE   DS   | STREET ADDRESS                                  |  | E   | 1.3 STRE  | EL ADDRESS                       |  |                  |                              |                               |  |
| NAME   BARTON, SHIRLEY H.   | CITY-ST-ZIP                                     |  |   | 1.4 CITY -  | ST-2IP                           |  |                  |                              | [ ]                           |  |
| STREET ADDRESS   SOTA ORTEGA FOREST DRIVE   23 STREET ADDRESS   24 CITY - ST - ZIP  | TITLE   |  | ☐ DELETE  | 2 1 1111  |                                  |  |                  | Change                       | Addition                      |  |
| CITY-S1-ZIP   | NAME  |  |   | 2.2 NAME  |                                  |  |                  |                              |                               |  |
| DELETE   DT   | STREET ADDRESS                                  | 5013 ORTEGA FOREST DRIVE JACKSONVILLE FL 23          |   | 2.3 STREI   | T ADDRESS                        |  |                  |                              |                               |  |
| NAME   DONNELL, DIANE C.   32 NAME     32 NAME     32 NAME     33 STREET ADDRESS   JACKSONVILLE FL   34 City-St-Zip     11 ILE     Change   Addition   A  | CITY-ST-ZIP                                     |  |   | 2.4 CITY -  | ST-7IP                           |  |                  |                              |                               |  |
| STREET ADDRESS   5027 LONG BOW ROAD   | TITLE   |  | ☐ DELFIE  | 3 1 TITLE   |                                  |  |                  | Change                       | ☐ Addition                    |  |
| STREET ADDRESS   STRE  | NAME  |  |   | 3.2 NAME  | İ                                |  |                  |                              |                               |  |
| DELETE   D  | SIRÉET ADDRESS                                  |  |   | 3 3 \$7RF   | ET ADDRESS                       |  |                  |                              |                               |  |
| NAME  | CITY-S1-ZIP                                     | JACKSONVILLE FL                                      |   | 3 4 City -  | ST - ZIP                         |  |                  |                              |                               |  |
| A 3 STREET ADDRESS   A 3 STREET ADDRESS   A 4 CITY - ST - ZIP   | 1   |  | ☐ DELFTE  | 4 1 11515   |                                  |  |                  | Change                       | Addition                      |  |
| A 4 CITY - ST - ZIP   | NAME  |  |   | 4.2 NAME  |                                  |  |                  |                              | -                             |  |
| DELETE   DELETE   5 1 TITLE   Change   Addition     NAME  | STHEET ADDRESS                                  |  |   | 4.3 STREE   | T ADDRESS                        |  |                  |                              |                               |  |
| NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZP           TILLE         DELETE         61 TITLE           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CHTY-ST-ZIP         64 CITY-ST-ZIP  | CITY-ST-ZIP                                     | <del></del>  |   | 4.4 CITY -  | ST-ZIP                           |  |                  |                              |                               |  |
| STREET ADDRESS  |   |  | ☐ DELETE  | S 1 TITLE   |                                  |  |                  | Change                       | Addition                      |  |
| CITY-SI-ZIP   |   |  |   | 5.2 NAME  |                                  |  |                  |                              |                               |  |
| TILE         DELETE         6 1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CHIY-ST-ZIP         64 CHY-ST-ZIP   | STREET ADDRESS                                  |  |   | 5.3 STREE   | LADDRESS                         |  |                  |                              |                               |  |
| NAME 62 NAM:  STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP 64 CITY - ST - ZIP  | CITY-ST-ZIF                                     |  |   |   |                                  |  |                  |                              |                               |  |
| STREET ADDRESS  63 STREET ADDRESS  64 CITY - ST - ZIP   | TILE  |  | ☐ DELETE  | & 1 TITLE   |                                  | ,  |                  | Change                       | Addition                      |  |
| CHY-SI-ZIP 64 CHY-SI-ZIF  | NAME  |  |   | 6.2 NAM:  |                                  |  |                  |                              |                               |  |
| V - 511 51 21   | STREET ADDRESS                                  |  |   | 6.3 STREE   | I ADDRESS                        |  |                  |                              |                               |  |
|   | CHY-ST-ZIP                                      |  |   |   |                                  |  |                  |                              |                               |  |

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have true 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 chapter 6, or on an attachment with an address.

SIGNATURE:

SOMME STATE DONALD E. BARTON RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

904 3896036