

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

22-95 6-1796 NC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L28297** (4)

1. Corporation Name  
**JORNLIID LITTLE FARM, INC.**

Principal Place of Business Mailing Address  
**13401 SW 224TH STREET GOULDS FL 33170**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

3. Date incorporated or Qualified **11/02/1989** 3a. Date of Last Report **06/17/1994**  
4. FEI Number **65-0160568** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JORNLIID, VALERIE  
13401 SW 224TH STREET  
GOULDS 33170**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
For each agent or printed name of registered agent, use if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>JORNLIID, VALERIE</b>
STREET ADDRESS	<b>13401 SW 224 ST</b>
CITY-ST-ZIP	<b>GOULDS FL</b>
TITLE	<b>D</b>
NAME	<b>JORNLIID, THOMAS</b>
STREET ADDRESS	<b>13401 SW 224 ST</b>
CITY-ST-ZIP	<b>GOULDS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
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 am hereby certifying that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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. I am available or can be reached by the corporation or the registrar or trustee, as required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the 1-12 or 11-13 of corporation or on an attachment thereto as required.

SIGNATURE: *Valerie A. Jornliid* 2/28/95 258-5229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)