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**Mar 27 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 # L28297 (4)
1. Corporation Name
JORNLIID LITTLE FARM, INC.



Principal Place of Business Mailing Address
**13401 SW 224TH STREET
GOULDS FL 33170** **13401 SW 224TH STREET
GOULDS FL 33170-4311**

3. Date Incorporated or Qualified **11/02/1989** 3a. Date of Last Report **05/20/1996**
4. FEI Number **65-0160568** 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

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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
D DELETE
TITLE **D**
NAME **JORNLIID, VALERIE**
STREET ADDRESS **13401 SW 224 ST**
CITY-ST-ZIP **GOULDS FL**
D DELETE
TITLE **D**
NAME **JORNLIID, THOMAS**
STREET ADDRESS **13401 SW 224 ST**
CITY-ST-ZIP **GOULDS FL**
D DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 included 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: *Valerie J. Jorntliid* 3/27/97 305-258-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)