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

Mailing Address

240 WEST WASHINGTON ST.

MONTICELLO FL 32344-1442

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000032135 (4) DOCUMENT #

LITTLE BLUE, INC.

Principal Place of Business

240 WEST WASHINGTON ST.

MONTICELLO FL 32344

05/04/1993 05/10/1996 2. Principal Place of Business 2a. Maring Address 4. FEI Number Applied For 21 26 59-3184020 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 Florida Statutes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVE. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32115-2491 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, type or a printed name of registered agent area title it applicable. (NOTE Registered Agent's greature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) TITLE DELETE 1.1 TITLE Change Addition NAME SUMMITT, JACK 1.2 NAME STREET ADDRESS % 240 W. WASHINGTON ST. 1.3 STREET ADDRESS MONTICELLO FL 32344 OTY-ST-ZiP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1-7H 2.4 CITY-ST-Z/P DELETE ☐ Addition 10116 3.1 TITLE Change 3.2 NAME NAME. STREET ADDRESS 3.3 STREET ADDRESS CILT - ST - ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TOTAL 4.1 TITLE NAME 4. 2 NAME STREET ALIONESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

> 5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

5.4 CITY-ST-ZIP

FILED Jan 15 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

14. I do hereby certify that the information supplied with fais filling 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 prestor 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 changes or on an attachment with an address.

Change

Change

Addition

Addition

SIGNATURE

TITLE

NAME STREET ADORESS

TIDE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZiP

Ach Summitt

DELETE

DELETE

CR2E034