

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000010655 (6)

1. Corporation Name

LITTLE HAW CREEK, INC.



Principal Place of Business

Mailing Address

5616 OLD PERKINS HWY.  
DELEON SPRINGS FL 32130

5616 OLD PERKINS HWY.  
DELEON SPRINGS FL 32130

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

02/03/1995

4. FEI Number

59-2343213

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKWELDER, STANLEY JR.  
5616 OLD PERKINS HWY.  
DELEON SPRINGS FL 32130

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

(Signature, typed or printed name of registered agent and title in application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME BLACKWELDER, STANLEY JR.  
STREET ADDRESS 5616 OLD PERKINS HWY.  
CITY-STATE-ZIP DELEON SPRINGS FL 32130 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MORGAN, STEVEN T.  
STREET ADDRESS 1998 CORNELL ROAD  
CITY-STATE-ZIP MIDDLEBURG FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DST  
NAME MORGAN, WILLIAM R. JR.  
STREET ADDRESS 5505 KELLER AVE  
CITY-STATE-ZIP DELEON SPRINGS FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BLACKWELDER, STANLEY SR.  
STREET ADDRESS 1403 BLACKWELDER RD.  
CITY-STATE-ZIP DELEON SPRINGS FL 32130 ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE D  
5.2 NAME ELOUISE BLACKWELDER  
5.3 STREET ADDRESS 1403 BLACKWELDER ROAD  
5.4 CITY-STATE-ZIP DELEON SPRINGS, FL. 32130 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE D  
6.2 NAME BRIAN EVANS  
6.3 STREET ADDRESS 5595 OLD PERKINS HWY  
6.4 CITY-STATE-ZIP DELEON SPRINGS, FL. 32130 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *William R. Morgan, Jr.* WILLIAM R. MORGAN, JR., TREAS. (904) 985-1562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)