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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010655 (6)

LITTLE HAW CREEK, INC.

FILED Feb 03 1998 8:00am Secretary of State



					HOM BOMB 1440 DING DIN 140
Principal Place of Business Mailing Address					
5616 OLD PERKINS HWY. 5616 OLD PERKINS HWY.			_		
DELEON SPRINGS FL 32130		DELEON SPRINGS FL 32130		DO NOT WRITE IN THIS SPACE	
				a Date Incorporated or Qualified	
				02/09/1994	
2. Principal Pl	ace of Business	Mailing Address		4 FEI Number	Applied For
21		26 5505 KELLER AVE		59-2343213	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desireo	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		@ DELEON SPR			Added to Fees
Zip	Country	Zip	Country	 This corporation owes or has paid the or 	
24	25	29, 32130 3	o <u>∪5∧</u>	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent BI Na				10. Name and Address of New Registers	u Agent
BLACKWELDER, STANLEY JR.					
5616 OLD PERKINS HWY.			62 Street	Address (P.O. Box Number is Not Acceptable)	
DELEON SPRINGS FL 32130			63		
			63		
			84 City	F	85 Zip Code
-	10	- 1.007.1500 Fireda Otalida	the above pomod		
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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		T 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	BLACKWELDER, STANLEY JR.		1.2 NAME		
STREET ADDRESS	56 16 OLD PERKINS HWY.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL 32130		1.4 CITY-ST-ZIP		
TIFLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	Morgan, Steven T.		2.2 NAME		
STREET ADDRESS	1998 CORNELL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		2. 4 CITY- ST - ZIP	4	
TITLE	DST	DELETE	3.1 TITLE		Change Addition
NAME	Morgan, William R. Jr		3.2 NAME		
STREET ADDRESS	6505 KELLER AVE		3.3 STREET ADDRESS		1
CITY-ST-ZIP	DELEON SPRINGS FL		3.4. CHTY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	70	Change Addition
NAME	BLACKWELDER, ELOUISE		4. 2 NAME	BLACKWEUDER, ELOUISE 1410 HEATHER GLEN DR.	
STREET ADDRESS	1403 BLACKWELDER ROAD		4.3 STREET ADDRESS	1410 NEATHER SLEN UR.	
CITY-ST-ZIP	DELEON SPRINGS FL		4.4 CITY-ST-ZIP	DRLANG FLA 32724	
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	EVANS, BRIAN		5.2 NAME		
STREET ADDRESS	5595 OLD PERKINS HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST-ZIP		
	ATT AT A SALE SALE SALES AND A	the filter and a second assemble for a	the managed and about	ad in Section 119.07/3Vi) Florida Statutes I further	cortify that the information

I hereby certify that the information supplied with this 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 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.

-2208 9-4985156