

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90023 026 \*\*\*150.00

DOCUMENT # P94000010655

1. Corporation Name

LITTLE HAW CREEK, INC.

Principal Place of Business

5505 KELLER AVE  
DELEON SPRINGS FL 32130  
US

Mailing Address

5616 OLD PERKINS HWY.  
DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1994

4. FEI Number

59-2343213

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 32130

30 USA

28 DELEON SPRINGS, FLA.

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE D ☐ DELETE  
NAME BLACKWELDER, ELOUISE  
STREET ADDRESS 1410 HEATHER GLEN DR  
CITY-ST-ZIP DELEON FL 32724

TITLE D ☐ DELETE  
NAME EVANS, BRIAN  
STREET ADDRESS 5595 OLD PERKINS HWY  
CITY-ST-ZIP DELEON SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME ELOISE BLACKWELDER  
4.3 STREET ADDRESS 450 N McDONALD APT 124  
4.4 CITY-ST-ZIP DELEON, FLA. 32724

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: WILLIAM R. MORGAN JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

Date

904 985 1562

Daytime Phone #

CR2E034 (1/98)