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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000054055 (6)**

1. Corporation Name
LITTLE SABINE INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
40 FORTH PICKENS ROAD PENSACOLA BEACH FL 32561 US	40 FORT PICKENS RD PENSACOLA BEACH FL 32561-2006 US

3. Date Incorporated or Qualified: 07/19/1994	3a. Date of Last Report: 04/03/1996
4. FEI Number: 59-3270557	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~SAUER, JEFFREY T~~
~~510 EAST ZARAGOZA STREET~~
~~PENSACOLA FL 32501~~

10. Name and Address of New Registered Agent

81 Name: ~~[illegible]~~ McAlpin, Richard R.
82 Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~
83: 16 Via De Luna
84 City: ~~[illegible]~~ FL 85 Zip Code: 32561

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: RBR. McAlpin — 3/26/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCALPIN, RICHARD R		1.2 NAME	
STREET ADDRESS	16 VIA DELUNA		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, DAVID T.		2.2 NAME	
STREET ADDRESS	16 VIA DE LUNA		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, TIM		3.2 NAME	
STREET ADDRESS	2743 HIGHWAY 76		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH GA		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAMANE, JACK		4.2 NAME	
STREET ADDRESS	330 SHADY RIVER TRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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 CITY-ST-ZIP	

CR2E034 (9/96)

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 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.

SIGNATURE: RBR. McAlpin — 3/26/97 — (904)934-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #