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

Mar 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** P94000054055 (6) DOCUMENT # LITTLE SABINE INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 40 FORTH PICKENS ROAD 40 FORT PICKENS RD PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3270557 21 26 Not Applicable Suite, Apt. #, etc. Suite Ant #, 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 Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCALPIN, RICHARD R. 81 -10 VIA DE LUNE. 82 Street Address (P.O. Box Number is Not Acceptable) -PENSACOLA FL 32501... South Alcaniz 84 City Zip Code Pensecole 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 lifte if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CRZE034 (10/97 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITI F 1 1 TITLE MCALPIN, RICHARD R NAME 1.2 NAME -16-VIA DELUNA" Alcaniz STREET ADDRESS 1.3 STREET ADDRESS *PENSACOLA BEACH FL-32501 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE -DVP TITLE Change Addition 2.1 TITLE -CLARK, DAVID T. NAME 2.2 NAME C18 VIA DE LUNA STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP -03 TITLE Change Addition 31 TITLE BAILEY, TIM NAME 3.2 NAME 2743 HIGHWAY 76~ STREET ADDRESS 3.3 STREET ADDRESS CHATSWORTH GA CITY - ST - ZIP 3.4. CITY-ST-ZIP Change Addition TITLE 4.1 TITLE -MAMANE: JACK ~ NAME 4. 2 NAME **230-SHADY RIVER TRACE** STREET ADDRESS 4.3 STREET ADDRESS ROSWELL GA -CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 511mF ALAND Williams NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 01 CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

14. I 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 eath, 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

DITY-ST-ZIP

1306 CS: WECT

3 4 98 (85) 432-1090

FILED