


**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90090 020 \*\*\*150.00

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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
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**DOCUMENT # P95000049727**

1. Corporation Name

**LITTLE RIVER GENERAL STORE AND TRADING COMPANY**

Principal Place of Business

308 N. MAIN ST.  
HAVANA FL 32333

Mailing Address

308 N. MAIN ST.  
HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

59-3321625

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

RITA LOVE

82 Street Address (P.O. Box Number is Not Acceptable)

308 N. MAIN ST.

83 City

HAVANA

84 State

FL

85 Zip Code

32333

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

1.1 TITLE ☐ DELETE

NAME

P LOVE, RITA

STREET ADDRESS

RT. 3, BOX 5272

CITY-ST-ZIP

HAVANA FL 32333

1.2 TITLE ☐ DELETE

NAME

V LOVE, JAMES P

STREET ADDRESS

RT. 3, BOX 5272

CITY-ST-ZIP

HAVANA FL

1.3 TITLE ☐ DELETE

NAME

T ANDREWS, LAURA P

STREET ADDRESS

2725 LEARY LANE

CITY-ST-ZIP

TALLAHASSEE FL 32303

1.4 TITLE ☐ DELETE

NAME

S HESTER, JOY

STREET ADDRESS

1701 ATKAMIRE

CITY-ST-ZIP

TALLAHASSEE FL 32301

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 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

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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)(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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)