FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000074439 (7)**

1. Corporation Name

LITTLEFIELD & ASSOCIATES, INC.

Principal Place of Business

900 EAST ATLANTIC AVE., SUITE 1
DELRAY BEACH FL 33483

Mailing Address

900 EAST ATLANTIC AVE., SUITE 1
DELRAY BEACH FL 33483

3. Date Incorporated (or Qualified): **09/01/1995**

3a. Date of Last Report:

4. FEI Number: 59-1034231 — 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 ever had or intends to elect tax under s. 1362 of Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — County 30

9. Name and Address of Current Registered Agent

EVERETT, DALE N
900 EAST ATLANTIC AVE., SUITE 1
DELRAY BEACH FL 33483

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 Section 607.0122(2) of the 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. The corporation's principal place of business, to the extent it has one, is familiar with and accepts the obligations of Section 607.0122, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	EVERETT, DALE N
STREET ADDRESS	1015 VISTA DEL MAR DR.
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	D ☐ DELETE
NAME	GWYNN, JOHN D
STREET ADDRESS	203 N.W. 16TH ST.
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

1. TITLE	☐ Change ☐ Add
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Add
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Add
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Add
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Add
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Add
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I do hereby certify that to the best of my knowledge and belief, I am an officer or director of the corporation subject to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this form and any attachments thereto is 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 agent of the corporation upon whom service may be made pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or in a separate attachment to this document.

SIGNATURE: Dale N. Everett — Dale N. Everett 4/11/96 407 278 3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)