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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P9600000925 (3)

FILED May 26 1998 8:00am Secretary of State

LITTLE	T, INC.	• •			
Principal Plac	ce of Business	Mailing Address			6111 60116 10116 11061 6111 1061
1261 TRAIL TERRACE DRIVE 1261 TRAIL TERRACE DRIVE NAPLES FL 33940 NAPLES FL 33940		VE	DO NOT WRITE IN THI	S SPACE	
+				3. Date Incorporated or Qualified	
<u></u>				12/27/1995	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# alc	Suite, Apt. #, etc.		65-0686497	Not Applicable
22 27		<u>⊢</u> 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the c	
24	25 9, Name and Address of Curro		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
TU		ATT HOGISTOTOG AGENT	81 Name	IV. Hame and Address of New Registers	a Agent
THORNTON, MULLIS G 1261 TRAIL TERRACE DRIVE					
NAPLES FL 33940			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	İ
'*`	1 LEO 1 L 00040		B3		
			<u> </u>		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corpor				oration submits this statement for the nursons	of changing its registered
office or r agent. La	registered agent, or both, in the Stat im (a milia <u>r</u> with, and accept the o <u>bl</u> i	.e of Florida. Such ch ange wa s au gations <u>of</u> "Section 607.0505, Flor	ithorized by the corporat ida Statutes.	tion's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE A	() Wales & . 2	Comlow		5/1	/98
	Soft William Control	// V/	Registered Agent signature requir		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	D THORNTON, MULLIS G	☐ DELETE	1.1 TITLE		Change Addition
STREET ADDRESS	1261 TRAIL TERRACE DRIVE	<u>-</u>	1.2 NAME		
CITY-ST-ZIP	NAPLES FL 33940	•	1.3 STREET ADDRESS		
TITLE	INA LEO I E GOSTO	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2 2 NAME		C storigo C riodición
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T brieve	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME DZGCEZ ADDDCCG			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME					FT CHANGE FT ADDITION
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
STEE SECURITY			■ 0.7 O(1) = 01° Z(f		

14. Thereby 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 tusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 the chapter of or on an appear of the corporation or on an appear of the corporation of the corporati