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Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90009 027 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020791 ✓
1. Corporation Name
LITTLE WOODS FARM, INC.

5 6 9 4 2 3
569423 - 90009 - 27

Principal Place of Business Mailing Address
5102 N.APOPKA VINELAND RD. P.O. BOX 52003
ORLANDO, FL 32818 LAFAYETTE, LA 70505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/96

2. Principal Place of Business 2a. Mailing Address
21 26 5102 N. Apopka Vineland
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28 Orlando, FL
Zip Country Zip Country
24 25 32818 30 USA

4. FEI Number
59-3364049

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIRER, JOSEPH A. Jr.
10000 w. colonial dr.
Ste. 1464
Ocoee, FL 34761

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Shirer, Joseph A. Jr,	10000 W. Colonial Dr. Ste 1464	Ocoee, FL 34761

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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 607, 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:

JOSEPH A. SHIRER, JR

05/05/99 (407)2902939

CR2E034 (11/98)