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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000027265 (3)

1. Corporation Name

LIL' LITE PRODUCTIONS, INC.

Principal Place of Business

2341-43RD AVE., N.
ST. PETERSBURG FL 33714

Mailing Address

2341-43RD AVE., N.
ST. PETERSBURG FL 33714-4046



3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3367135

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 liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

NICHOLSON, WENDY
2341-43RD AVE., N.
ST. PETERSBURG FL 33714

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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLSON, SUSAN	
STREET ADDRESS	2341-43RD AVE., N.	
CITY - ST - ZIP	ST. PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLSON, WENDY	
STREET ADDRESS	2341-43RD AVE., N.	
CITY - ST - ZIP	ST. PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAUVIN, SUSAN	
STREET ADDRESS	5796 ULMERTON RD., #202	
CITY - ST - ZIP	CLEARWATER FL 34620	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAUVIN, LORI	
STREET ADDRESS	13500 RODGERS AVE., APT. 1014	
CITY - ST - ZIP	LARGO FL 34641	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEMMONS, PEGGY	
STREET ADDRESS	1847 PALMWOOD DR.	
CITY - ST - ZIP	CLEARWATER FL 34618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILD, DAWN	
STREET ADDRESS	8842 KUMQUAT AVE.	
CITY - ST - ZIP	LARGO FL 34647	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Wendy Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

813 541 5070

Daytime Phone #

CR2E034 (9/96)