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Mar 21 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 # P96000066633 (4)

1. Corporation Name
LITTLEJOHN INVESTMENT, INC.



Principal Place of Business

Mailing Address

C/O THOMAS A. BARBA, ESQ.
400 SOUTH DIXIE HIGHWAY #324
BOCA RATON FL 33432

C/O THOMAS A. BARBA, ESQ.
400 SOUTH DIXIE HIGHWAY #324
BOCA RATON FL 33432-6023

3. Date Incorporated or Qualified 08/09/1996 3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name THOMAS A. BARBA
82 Street Address (P.O. Box Number is Not Acceptable) 400 So. Dixie Highway, Ste. 324
83
84 City Boca Raton, FL 85 Zip Code 33432

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, 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

Thomas A. Barba

02/27/97

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS
11 TITLE Pres., Sec./Tr./Director ☐ DELETE
12 NAME THOMAS A. BARBA
13 STREET ADDRESS 400 So. Dixie Hwy, Ste. 324
14 CITY-ST-ZIP Boca Raton, FL 33432

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

15 TITLE ☐ DELETE
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

19 TITLE ☐ DELETE
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition

23 TITLE ☐ DELETE
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

27 TITLE ☐ DELETE
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

33 TITLE ☐ Change ☐ Addition

29 TITLE ☐ DELETE
30 NAME
31 STREET ADDRESS
32 CITY-ST-ZIP

37 TITLE ☐ Change ☐ Addition

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 or Block 14 or on an attachment with an address

SIGNATURE:

Thomas A. Barba

02/27/97

(561)392-4525

Date

Daytime Phone #

0316154

CR2E034 (9/96)