

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90147 010 ***150.00

04/21/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000080052

1. Corporation Name
LITTLE BRITCHES, INC.

Principal Place of Business
 4215 SOUTHPOINT BOULEVARD #100
 JACKSONVILLE FL 32216

Mailing Address
 4215 SOUTHPOINT BOULEVARD #100
 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1996

4. FEI Number
59-3409199 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
 100 NATIONAL FINANCIAL BUILDING
 4215 SOUTHPOINT BOULEVARD
 JACKSONVILLE FL 32216

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STALLINGS, VANCE C | 1.2 NAME | |
| STREET ADDRESS | 10829 ST. AUGUSTINE ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | PSTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STALLINGS, DANA M | 2.2 NAME | |
| STREET ADDRESS | 10829 ST. AUGUSTINE ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, DANIEL | 3.2 NAME | |
| STREET ADDRESS | 10829 ST. AUGUSTINE ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, LOIS | 4.2 NAME | |
| STREET ADDRESS | 10829 ST. AUGUSTINE ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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: *Dana Stallings* **SIGNATURE REQUIRED** 3-17-99 (904) 880-0155
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)