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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000013117 (1)

LITTLE JOHN CORPORATION, INC.

Principal Place of Business	Mailing Address			
7026 DUCK COVE ROAD	7026 DUCK COVE ROAD			
TALLAHASSEE FL 32312	TALLAHASSEE FL 32312			

FILED Mar 13 1998 8:00am Secretary of State



7026 DUCK COVE ROAD TALLAHASSEE FL 32312		7026 DUCK COVE ROAD TALLAHASSEE FL 32312		DO NOT WRITE IN THI	S SPACE				
					3. Date Incorporated or Qualified 02/10/1997				
2. Principal P	lace of Business	2a. Mailing Address		703	4. FEI Number	A	pplied For]	
21		26			99-343-6104	N	ot Applicable]	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0	City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Z ip 24	Country 25	7 p Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registers	d Agent]	
CF	kaig, Johniny Blue		81	Name				1	
	26 DUCK COVE ROAD LLAHASSEE FL 32312		82	Street Ado	iress (P.O. Box Number is Not Acceptable)		···		
,			83			······································		1	
			84	City	F	85 Zip	Code	1	
office or ri agent. Lai	to the provisions of Sections 607.050; egistered agont, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	authorized b	y the corpora	poration submits this statement for the purpose alon's board of directors. I hereby accept the a	of changing l ppointment as	ts registered registered		
SIGNATURE	Signature, typed or printed name of registered agen	nt and the it applicable (NOTE	: Registered Ag	eni signature tequ	lred when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	8	
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition	18	
NAME	CRAIG, JOHNNY BLUE	RAIG, JOHNNY BLUE						*	
STREET ADDRESS	7026 DUCK COVE ROAD		1.3 STREE	T ADDRESS				l¤.	
CITY+ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-5	ST-ZIP				CR2E034 (10/97)	
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	70	
NAME	CRAIG, APRIL RUTH		2.2 NAME						
STREET ADDRESS	7026 DUCK COVE ROAD		2.3 STREE	T ADDRESS				1	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2. 4 CITY-	ST-ZIP				_	
TITLE	D	DELETE	3.1 TITLE			☐ Change	Addition]	
NAME	CRAIG, HELEN ARLENE		3.2 NAME					1	
STREET ADDRESS	ROUTE 6, BOX 120		3.3 STREE	T ADDRESS				1	
CITY-ST-ZIP	QUINCY FL 32351		3 4. CITY-	ST-ZIP				Ĺ	
TITLE		☐ DELFTE	4.1 TITLE			Change	Addition]	
NAME			4 2 NAME					1	
STREET ADDRESS			43 STREE	T ADDRESS				1	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				1	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME					a a	
STREET ADDRESS			5.3 STREE	T ADDRESS			-6	1 40	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				í-h-=-	
TITLE		DELETE	6.1 TITLE		·	Change			
NAME			6.2 NAME						
STREET ADDRESS			63 STREE	T ADDRESS					

14. Thereby certify that the information supplied with this Itiing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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; the 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 at Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: