

DOCUMENT # P97000013117			
1. Entity Name LITTLE JOHN CORPORATION, INC.			
Principal Place of Business 7026 DUCK COVE ROAD TALLAHASSEE FL 32312		Mailing Address 7026 DUCK COVE ROAD TALLAHASSEE FL 32312-9689	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CRAIG, JOHNNY BLUE 7026 DUCK COVE ROAD TALLAHASSEE FL 32312		Name	
		Street Address (f	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAIG, JOHNNY BLUE 7026 DUCK COVE ROAD TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAIG, APRIL RUTH 7026 DUCK COVE ROAD TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAIG, HELEN ARLENE ROUTE 6, BOX 120 QUINCY FL 32351	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
12.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, Chapter 607, which provides that the information required to be filed by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, shall be changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

80038869

A standard 1D barcode is located at the bottom of the page, below the text "80038869". It consists of a series of vertical black bars of varying widths on a white background.

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR