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**FILED**
**Mar 11, 1999 8:00 am**
**Secretary of State**
03-11-1999 90091 010 ***150.00
06-09-1999 90021 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # P98000097222

1. Corporation Name
LITTLE HOLLAND, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1050 OLD MISSING ROAD<br>NEW SMYRNA BEACH FL 32168 | 1050 OLD MISSING ROAD<br>NEW SMYRNA BEACH FL 32168 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1998

2. Principal Place of Business
21 1050 old mission Rd
22 Suite, Apt. #, etc. L. H. #2
23 City & State New Smyrna Beach FL
24 Zip 32168 25 Country USA

2a. Mailing Address
26 1050 old mission Rd
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number 59-3551009 020912 ☐ 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

9. Name and Address of Current Registered Agent

OVINK, B J
2402 CLEVELAND ST.
TAMPA FL 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | Pres | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | Richard Manders | 1.2 NAME | |
| STREET ADDRESS | 1050 old mission Rd | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | New Smyrna Beach FL 32168 | 1.4 CITY-ST-ZIP | |
| ☐ DELETE | | | |
| TITLE | Vice President | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Linda Manders | 2.2 NAME | |
| STREET ADDRESS | 1050 old mission Rd | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | New Smyrna Beach FL 32168 | 2.4 CITY-ST-ZIP | |
| ☐ DELETE | | | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| ☐ DELETE | | | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| ☐ DELETE | | | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| ☐ DELETE | | | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (11/98)

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:** R Manders 5-22-99 904-426-6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #