


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

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Jan 14 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 # V07121 (9)			
1. Corporation Name: SUSAN MCCASKILL LITTLE, P.A.			
Principal Place of Business 1252 LAKE POINT DRIVE LAKELAND FL 33813 2000 E. EDGEWOOD DR. SUITE 118 LAKELAND FL 33803		Mailing Address 1252 LAKE POINT DRIVE LAKELAND FL 33813-2810	
2. Principal Place of Business 21 2000 E. EDGEWOOD DR. Suite Apt. #, etc. 22 SUITE 118 City & State 23 LAKELAND, FL 33803 Zip 24 33803		2a. Mailing Address 26 2000 E. EDGEWOOD DR. Suite Apt. #, etc. 27 SUITE 118 City & State 28 LAKELAND, FL Zip 29 33803	
9. Name and Address of Current Registered Agent LITTLE, SUSAN MCCASKILL 1252 LAKE POINT DRIVE LAKELAND FL 33813 2000 E. EDGEWOOD DR. SUITE 118 LAKELAND, FL 33803		10. Name and Address of New Registered Agent 81 Name SUSAN MCCASKILL LITTLE 82 Street Address (P.O. Box Number is Not Acceptable) 2000 E. EDGEWOOD DR. 83 SUITE 118 84 City LAKELAND FL 33803 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: <i>Susan McCaskill Little</i> (NOTE: Registered Agent signature required when reinstalling) DATE: 1/4/96			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME LITTLE, SUSAN MCCASKILL STREET ADDRESS 1252 LAKE POINT DR. 2000 E. EDGEWOOD DR. CITY - ST - ZIP LAKELAND FL SUITE 118 LAKELAND, FL 33803		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
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 if changed. <i>Susan McCaskill Little</i>			
SIGNATURE: <i>Susan McCaskill Little</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/4/96 941-683-5574 Date Daytime Phone #	

CR2E034 (9/96)