FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 9:54

DOCUMENT # **V15687** **(9)**

1. Corporation Name
LITTLE BUILDERS, INC.

Principal Place of Business	Mailing Address
1729 GREENRIDGE CIRCLE. SOUTH JACKSONVILLE FL 32259	1729 GREENRIDGE CIRCLE. SOUTH JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3108584 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LITTLE, MICKEY
4159 COUNTY ROAD 218
MIDDLEBURG FL 32068

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	D	11 TITLE	☐ Change ☐ Addition
NAME	LITTLE, JIM	12 NAME	
STREET ADDRESS	1729 GREENRIDGE CIRCLE S	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LITTLE, SID	22 NAME	
STREET ADDRESS	3908 LITTLE LANE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	LITTLE, MICKEY	32 NAME	
STREET ADDRESS	3908 LITTLE LANE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	LITTLE, KIMBERLY	42 NAME	
STREET ADDRESS	1729 GREENRIDGE CIR SOUTH	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	LITTLE, TIM	52 NAME	
STREET ADDRESS	3908 LITTLE LANE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	CYNTHIA, PARKS	62 NAME	
STREET ADDRESS	2899 BRIARPATCH PLACE	63 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mickey Little Mickey Little 5-23-95 (904)282-1067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400236 FP