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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V15687

LITTLE BUILDERS, INC.

Principal Place of Business

(8	)
•	•

Mailing Address

|--|--|

1729 GREENRI JACKSONVILLE	DOE CIRCLE, SOUTH E FL 32259	1729 GREENRIDGE CIRCI JACKSONVILLE FL 32259								
						3. Date Incorporated or Qualified 02/21/1992		of Last Report 9/1996		
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number			Applied For	
21		[26]				59-3108584	. <del></del>		Not Applica	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Beguired	
City & State		City & State	·		· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees	
Zip 24	Country 25	Zip 29	30 Florida Statutes Yes 🗖 No						er s. 199.032	
	9. Name and Address of Current	Registered Agent		64.1	·	10. Name and Address of New Re	gistered #	gent		{
	LE, MICKEY		ł	81	Name					- 1
4159 COUNTY ROAD 218 MIDDLEBURG FL 32068			Į	82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)			
.** 			}	83						- {
1			†	84	City	<del></del>	<b></b>	85	Zip Code	
<del>- 23 - 2</del>							<u>FL</u>	11		
	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was tions of, Section 607.0505, Fi	authorized orida Statu	by	the corporat	oration submits this statement for the plants to be sold of directors. I hereby acception's board of directors.	of the appo	pintmen	t as registere	d
SIGNATURE	Signature, typed or printed name of registered age-	at and title if applicable (NO	IE: Registered	Age	nt signature requi	ed when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_		
TOTLE	D	DELETE	1.1 111	LE	<b>.</b>	Resident Little, Jim		Char Char	nge [] Addi	- 1
NAME	LITTLE, JIM		1.2 NA			cirrle, Jim				}
STREET ADDRESS	1729 GREENRIDGE CIRCLE S		: 1.3 \$16	KEET.	ADDRESS	•				l
CITY-ST-ZIP	JACKSONVILLE FL	TI berete	1401		1 - ZIP				· <del></del>	
TITLE	V V	L) DELETE	2.1 117		} .			Char	nge L Addi	itian
NAME	LITTLE, SID		2.2 NA							- {
STREET ADDRESS	3908 LITTLE LANE JACKSONVILLE FL				ADDRESS					
CITY-ST-ZIP	VS VS	DELETE	2 4 CF 3.1 TH		si-ZiP			Char	ige 🔲 Addi	ition
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NAME	3908 LITTLE LANE		3 2 NAI		ADODESC					}
STREET ADDRESS	JACKSONVILLE FL				ADDRESS					
CITY+ST-ZIP TITLE	VI	DELETE	3.4. CH 4.1 TH		1-ZIP			Char	nge 🔲 Addi	ition
NAME	LITTLE, KIMBERLY	C) vicili	4.1 M						·y Lindo	
STREET ADDRESS	1729 GREENRIDGE CIR SOUT	Н			ADDRESS					- }
	JACKSONVILLE FL	1.	4.4 CIT							
CITY-ST-ZIP TITLE	V	DELETE	4.4 CH		1-21			Char	nge Addi	ition
NAME	LITTLE, TIM		5.2 NA		{			٠.١٩٠ سيــ	.g	
STREET ADDRESS	3908 LITTLE LANE				ADDRESS					
	JACKSONVILLE FL									)
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	CYNTHIA, PARKS	A PARTIE LE							المالا بي √يو،	,,,,,,
NAME	2899 BRIARPATCH PLACE	<del>-</del>	6.2 NAI		ADDOTCO :					]
STREET ADDRESS	DEEN COVE CONNOC EI				ADDRESS					j

64 GIY-SI-ZIP | GREEN CUYE STRINGS FL

14. If 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, or on an attachment with an address.

SIGNATURE: