

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90238 030 ***150.00

DOCUMENT # V20167

1. Corporation Name
LITTLE DUCK, INC.

Principal Place of Business
362 COMMERCE WAY
STE 116
LONGWOOD FL 32750
US

Mailing Address
362 COMMERCE WAY
STE 116
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1992

4. FEI Number

59-3111789

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIANO, BIAGIO
502 RIVIERA DRIVE
ALTAMONTE SPRINGS FL 32701

81. Name DULIN, RAMSEY W.

82. Street Address (P.O. Box, Number, Street, etc.)
201 S. ORANGE AVENUE

83. STE. 1090

84. City ORLANDO

FL 85. Zip 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3/23/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SCHIANOM, BAGIO
STREET ADDRESS 502 RIVIERA DR.
CITY-ST-ZIP ALTAMONTE SPRGS FL 32701

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME SCHIANO, BIAGIO
1.3 STREET ADDRESS 872 CRESTON DRIVE
1.4 CITY-ST-ZIP MAITLAND, FL 32751

TITLE PVST ☐ DELETE
NAME LEHMAN, KEITH
STREET ADDRESS 2587 S SEMORAN BLVD #1832
CITY-ST-ZIP ORLANDO FL 32822

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME LEHMANN, KEITH
2.3 STREET ADDRESS 502 RIVIERA DRIVE
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME ASSISTANT SECRETARY
3.3 STREET ADDRESS SALLI A. MELVIN
3.4 CITY-ST-ZIP 1700 SMOKETREE CIRCLE
APOPKA, FL 32712

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

res/sec

4/17/99

407-830-5338

Date

Daytime Phone #

CR2E034 (1/198)