SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS V66200 DOCUMENT # (9)LITTLE WHEELS GOLF CARTS, INC. Principal Place of Business Mailing Address 38525 2ND AVE 38525 2ND AVE ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 3. Date Incorporated or Qualified 3a. Date of Last Report 09/21/1992 08/08/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 3543 Morris Bridge Raze 3543 Morris Bridge Pd. 59-3156289 Not Applicable Suite, Apt. #. etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Zephyrh. Zephyrhills, FL. Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032 ú5 33543 25 Yes 🔀 No Florida Statutos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MURPHY, DAVID J. 103 NORTH 3RD ST. Street Address (P.O. Box Number is Not Acceptable) 82 DADE CITY FL 33525 83 84 City Zip Code 85 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)TITLE DELETE 1.1 THE E Change Addition GILLIAM, RALPH NAME 1.2 NAME CR2E034 STREET ADDRESS 38525 2ND AVE. 13 STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP 14 CITY-ST ZIP TITLE DELETE 21 TITLE Change ____ Addition GILLIAM, LINDA NAME 22 NAME 38525 2ND AVE. STREET ADORESS 2.3 STREET ADORESS ZEPHYRHILLS FL CITY-ST-ZIP 2 4 City - St - ZiP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-S1-ZIP TITLE DELETE 4 1 TiTLE Change Addition NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-ST-ZiP 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section, 119.07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. lice President 01-19-96 813 788-6492 **SIGNATURE**