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 Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90019 017 ***150.00

DOCUMENT # G52112 1. Corporation Name	
BIG D BOOFING. INC.	

		-	<u>.</u>		ν .				
Principal Place	o of Rusiness	Mailing	Address				881 61881 91818 1181 81814	AFDA) DIWIL WADAR DI	
·			.E. 35TH STREET			and the same and the same and			
4480 N.E. 35TH OCALA FL 3267			FL 32670			- A			
00/12/12/02/	•	•				DO N	IOT WRITE IN THIS	SPACE	
						3. Date Incorporated or	Qualifed		Ì
						08/01/1983			
2. Principal P	lace of Business	2a. Ma	illing Address			4. FEI Number	-	App	lied For
21		26				59-2346094			Applicable
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.			5. Certifcate of Status D	esired	\$8.75 A	
22		27						Fee Rec	·
City & Stat	e	Cit	y & State			6. Election Campaign Fi	- 11	\$5.00 N	
23		28				Trust Fund Contributi		Added to	rees
Zip	Country	Zip		Country	'	8. This corporation owe:			□No
24	25	29	30	<u>)</u>		Personal Property Ta			
	9. Name and Address of C	urrent Registere	d Agent	81	Namo	10. Name and Address	or New Registered	Agent	
DHE	LAN, WILLIAM H. JR.			01	Name King,	Allan ·			
	SW 3RD STREET			82	I Street Addr	'ess (P () Hay Number is No	t Acceptable)		
	LA FL 32670			-	7 East	Silver Springs	Boulevard		
OUA	ILM FL 32010			83	Suite	500			
				84	City			85 Zip C 344	ode.
					l0cála		FI	_ 344	<u>70i</u>
11. Pursuant	to the provisions of Sections 60 egistered agent, or both, in the S m familiar with early accept the o	7.0502 and 607.1	508, Florida Statutes,	the abov	e-named corp	oration submits this stateme	nt for the purpose o	f changing its r sintment as red	egistered
agent. I a	m familiar with ego accept the c	bin of one of, See	ction 607.0505, Florid	a Statutes	i,		,	•	
SIGNATURE	A Nillen -	Tr 1156 2				Jan	, a, 1999		
	Signature, typed of pointed femile of register				nt signature require	d when reinstating)	DATE	LID DIDECTO	50 11 40
12.		S AND DIRECTO		13.		ADDITIONS/CHANGE	S TO OFFICERS A	☐ Change	Addition
TITLE	PD THOUSAND IN		□ DELETE	1.1 TITLE				Change	
NAME	DUNN, THOMAS M.			1.2 NAME		:			
STREET ADDRESS	4480 NE 35TH STREET			1.3 STREE	T ADDRESS	**			}
CITY-ST-ZIP	OCALA FL			1.4 CITY-S	iT-ZIP			ClChanas	Addition
TITLE	VD		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	STAUSS, DON H., JR.			2.2 NAME					Ì
STREET ADDRESS	4480 NE 35TH STREET			2.3 STREE	TADDRESS				
CITY-ST-ZIP	OCALA FL			2. 4 CITY-	ST-71P	ન			
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NAME			☐ DELETE	3 1 TITLE		-t		Change	Addition
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			□ pereie ¦ ,	3.2 NAME	T ADDRESS	-i	_	Change	Addition
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CITY-ST-ZIP TITLE			DELETE	3.2 NAME 3.3 STREE	T ADDRESS	-t		Change	Addition
				3.2 NAME 3.3 STREE 3.4. CITY-5	T ADDRESS			<u></u>	
TITLE				3.2 NAME 3.3 STREE 3.4. CITY-5 4.1 TITLE 4. 2 NAME	T ADDRESS	-t		<u></u>	
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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 the accuracy with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jun 5, 199 9 352 622-9076

7 RE034 (11/98)