

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H70787 (7)**

1. Corporation Name
BIG LAKE FINANCIAL CORPORATION



Principal Place of Business: **P. O. DRAWER 1699 OKEECHOBEE FL 34973-1699**
Mailing Address: **P. O. DRAWER 1699 OKEECHOBEE FL 34973-1699**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1985	3a. Date of Last Report 02/13/1995
21		26		4. FEI Number 59-2613321	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MULLINS, JOE G. 1409 S. PARROTT AVE. OKEECHOBEE FL 34974				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALPOLE, EDWIN E., III	1.2 NAME	Bobby H. Tucker
STREET ADDRESS	269 N.W. 9TH STREET	1.3 STREET ADDRESS	208 N. Parrott Avenue
CITY - ST - ZIP	OKEECHOBEE FL	1.4 CITY - ST - ZIP	Okeechobee, FL 34972
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MARY BETH	2.2 NAME	
STREET ADDRESS	2123 S.W. 21ST ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABNEY, JOHN W., SR.	3.2 NAME	
STREET ADDRESS	805 S.W. 15TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, JOE G.	4.2 NAME	
STREET ADDRESS	1409 S. PARROTT AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBRETH, GILBERT H	5.2 NAME	
STREET ADDRESS	P.O. BOX 848 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, HENRY C	6.2 NAME	
STREET ADDRESS	P.O. BOX 176 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe G. Mullins 4/16/96 941-467-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)