

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

**FILED**  
**Apr 22 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H70787 (7)**  
 1. Corporation Name  
**BIG LAKE FINANCIAL CORPORATION**



Principal Place of Business <b>P. O. DRAWER 1699 OKEECHOBEE FL 34973-1699</b>	Mailing Address <b>P. O. DRAWER 1699 OKEECHOBEE FL 34973-1699</b>
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<b>3. Date Incorporated or Qualified</b> 08/08/1985	<b>3a. Date of Last Report</b> 04/19/1996
<b>4. FEI Number</b> 59-2613321	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**MULLINS, JOE G.**  
**1409 S. PARROTT AVE.**  
**OKEECHOBEE FL 34974**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**85** Zip Code

**FL**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of the current registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALPOLE, EDWIN E., III</b>	1.2 NAME	
STREET ADDRESS	<b>269 N.W. 9TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, MARY BETH</b>	2.2 NAME	
STREET ADDRESS	<b>2123 S.W. 21ST ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABNEY, JOHN W., SR.</b>	3.2 NAME	
STREET ADDRESS	<b>805 S.W. 15TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLINS, JOE G.</b>	4.2 NAME	
STREET ADDRESS	<b>1409 S. PARROTT AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULBRETH, GILBERT H</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 848 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, HENRY C</b>	6.2 NAME	
STREET ADDRESS	<b>P.O. BOX 178 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	6.4 CITY-ST-ZIP	

**14.** I 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:** *Joe G. Mullins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-97**  
 Date Daytime Phone #  
**0474465**

CR2E034 (9/96)