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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90175 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **H70787**

1. Corporation Name  
**BIG LAKE FINANCIAL CORPORATION**

Principal Place of Business  
**1409 SOUTH PARROTT AVENUE  
 OKEECHOBEE FL 34974**

Mailing Address  
**1409 SOUTH PARROTT AVENUE  
 OKEECHOBEE FL 34974**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/08/1985**

4. FEI Number  
**59-2613321**

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address  
**1801 Hwy. 441 S.E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State

City & State  
**Okeechobee, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country

Zip Country  
**34974 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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 **FL** 85 Zip Code

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)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  DELETE  
 NAME **WALPOLE, EDWIN E., III**  
 STREET ADDRESS **269 N.W. 9TH STREET**  
 CITY-ST-ZIP **OKEECHOBEE FL**

1.1 TITLE **D**  Change  Addition  
 1.2 NAME **Fry, Curtis S.**  
 1.3 STREET ADDRESS **111 San Benito Ave.**  
 1.4 CITY-ST-ZIP **Clewiston, FL 33440**

TITLE **ST**  DELETE  
 NAME **COOPER, MARY BETH**  
 STREET ADDRESS **2123 S.W. 21ST ST.**  
 CITY-ST-ZIP **OKEECHOBEE FL**

2.1 TITLE **D**  Change  Addition  
 2.2 NAME **Smith, Thomas A.**  
 2.3 STREET ADDRESS **475 7th Ave.**  
 2.4 CITY-ST-ZIP **Labelle, FL 33935**

TITLE **D**  DELETE  
 NAME **ABNEY, JOHN W., SR.**  
 STREET ADDRESS **805 S.W. 15TH ST.**  
 CITY-ST-ZIP **OKEECHOBEE FL**

3.1 TITLE **D**  Change  Addition  
 3.2 NAME **Boy, John B., Jr.**  
 3.3 STREET ADDRESS **401 S. W.C. Owens Ave.**  
 3.4 CITY-ST-ZIP **Clewiston, FL 33440**

TITLE **V**  DELETE  
 NAME **MULLINS, JOE G.**  
 STREET ADDRESS **1409 S. PARROTT AVE.**  
 CITY-ST-ZIP **OKEECHOBEE FL**

4.1 TITLE **D**  Change  Addition  
 4.2 NAME **Tucker, Bobby H.**  
 4.3 STREET ADDRESS **208 N. Parrott Ave.**  
 4.4 CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **D**  DELETE  
 NAME **CULBRETH, GILBERT H**  
 STREET ADDRESS **P.O. BOX 848 N/A**  
 CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D**  DELETE  
 NAME **KELLY, HENRY C**  
 STREET ADDRESS **P.O. BOX 176 N/A**  
 CITY-ST-ZIP **OKEECHOBEE FL**

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:

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

**4/6/99**  
 Date

(941) 467-4663  
 Daytime Phone #

CR2E034 (11/98)