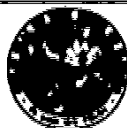


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005299 (2)

1. Corporation Name

BIG BEND MINORITY ENTERPRISE DEVELOPMENT WEEK CO
MMITTEE, INC.

Principal Place of Business

Mailing Address

300 S. ADAMS STREET
TALLAHASSEE FL 32301

300 S. ADAMS STREET
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/26/1994

4. FEI Number

Applied For

59-3264811

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under G. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, BEN
300 S. ADAMS STREET
TALLAHASSEE FL 32301

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

BEN HARRIS

Signature typed or printed name of registered agent and the if applicable

(Not for Registered Agent signature only and when renewing)

5-1-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

DOWNING, DELORES

STREET ADDRESS

300 S. ADAMS STREET

CITY - ST - ZIP

TALLAHASSEE FL 32301

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

D

NAME

HARRIS, BEN

STREET ADDRESS

300 S. ADAMS STREET

CITY - ST - ZIP

TALLAHASSEE FL 32301

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

400001474384
-05/04/95--01012--002
****130.00 ****130.00

TITLE

D

NAME

MCCRAY, TONY

STREET ADDRESS

301 S. MONROE STREET

CITY - ST - ZIP

TALLAHASSEE FL 32301

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

D

NAME

ROLLE, REGGIE

STREET ADDRESS

300 S. ADAMS STREET

CITY - ST - ZIP

TALLAHASSEE FL 32301

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

D

NAME

WILEY, LEAH

STREET ADDRESS

2757 W. PENSACOLA STREET

CITY - ST - ZIP

TALLAHASSEE FL 32302

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

D

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

REGINALD L. ROLLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reginald L. Rolle

Date

5-1-95

Signature Printed

895-8184