

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 # P93000035326 (6)

1. Corporation Name

BIG LAKE MARINA, INC.



Principal Place of Business

Mailing Address

964 HIGHWAY 411 S.E.  
OKEECHOBEE FL 34974

964 HIGHWAY 411 S.E.  
OKEECHOBEE FL 34974

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

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0409838

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

ORY, DONALD W  
964 HIGHWAY 441 SE  
OKEECHOBEE FL 34974

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 607.1402 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 of registered agent or director of the corporation

(NOTE: Registered Agent signature required when reinstating)

1/16/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	MARTIN, RALPH R	964 HWY. 441 S.E.	OKEECHOBEE FL 34974	<input type="checkbox"/>
DS	ORY, DONALD W	964 HWY. 441 S.E.	OKEECHOBEE FL 34974	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DVP	ORY, DONALD W.	964 HWY 441 S.E.	OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	ORY, PATRICIA P.	964 HWY 441 S.E.	OKEECHOBEE, FL 34974	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	MARTIN, DIANE	964 HWY 441 S.E.	OKEECHOBEE, FL 34974	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A/VP	BUENAVENTURA, ITALO	964 HWY 441 S.E.	OKEECHOBEE, FL 34974	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A/T	BUENAVENTURA, HOLLY	964 HWY 441 S.E.	OKEECHOBEE, FL 34974	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/96

CR2E034 (12/95)