

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P93000044683 (9)**

1. Corporation Name

BIG MARY'S APARTMENT COMPLEX, INC.



Principal Place of Business: **1341 S.W. AVENUE D, BELLE GLADE FL 33434**
 Mailing Address: **1341 S.W. AVENUE D, BELLE GLADE FL 33434**

3. Date Incorporated or Qualified: **06/18/1993**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0505426**
 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

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

9. Name and Address of Current Registered Agent

**PEAVY, MARGARET
 1341 S.W. AVENUE D
 BELLE GLADE FL 33434**

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: *Margaret Peavy*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when it is state agent) DATE:

12. OFFICERS AND DIRECTORS

TITLE	DB	<input type="checkbox"/> DELETE
NAME	PEAVY, MARGARET	
STREET ADDRESS	1341 S.W. AVENUE D	
CITY-ST-ZIP	BELLE GLADE FL 33434	
TITLE	AA	<input type="checkbox"/> DELETE
NAME	CAREY P. PEAVY	
STREET ADDRESS	1341 SW AVE D	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	Ernes Howard Sr	<input type="checkbox"/> DELETE
NAME	6 Forest Creek Rd	
STREET ADDRESS	Dover DE 19901	
CITY-ST-ZIP		
TITLE	nina v Peavy	<input type="checkbox"/> DELETE
NAME	P.O. Box 1043	
STREET ADDRESS	Belle Glade FL 33430	
CITY-ST-ZIP		
TITLE	Sec.	<input type="checkbox"/> DELETE
NAME	Cassandra D Peavy	
STREET ADDRESS	1353 6st	
CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	Trustee	<input type="checkbox"/> DELETE
NAME	Gus Peavy	
STREET ADDRESS	P.O. Box 1043	
CITY-ST-ZIP	Belle Glade FL 33430	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Peavy* **margaret Peavy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96 **407-996-5579**
Date Digitized File #

CR2E034 (3/96)