

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 539885 (4)
1. Corporation Name
BIG SUN FABRICATORS, INC.

Principal Place of Business
8049 SE EARP ROAD
UNIT 5
BELLEVUE FL 34420
US

Mailing Address
P O BOX 1390
BELLEVUE FL 34420
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 416C Cypress Road Suite, Apt. #, etc. 22 City & State Ocala, FL 23 Zip 34478 24 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34421 29 Country US	3. Date Incorporated or Qualified 07/25/1977 4. FEI Number 59-1780024 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MOODY, JOAN 2530 SE 11TH PLACE OCALA FL 34480	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
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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 Joan Moody, Sec. Treas. DATE 4-17-98
Signature, typed or printed name of registered agent, and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, HOWARD	1.2 NAME	
STREET ADDRESS	6049 SE EARP RD	1.3 STREET ADDRESS	416C Cypress Road
CITY-ST-ZIP	BELLEVUE FL	1.4 CITY-ST-ZIP	Ocala, FL 34478
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HISE, DESI J	2.2 NAME	
STREET ADDRESS	6049 SE EARP RD	2.3 STREET ADDRESS	416C Cypress Road
CITY-ST-ZIP	BELLEVUE FL	2.4 CITY-ST-ZIP	Ocala, FL
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, JOAN	3.2 NAME	
STREET ADDRESS	6049 SE EARP RD	3.3 STREET ADDRESS	416C Cypress Road
CITY-ST-ZIP	BELLEVUE FL	3.4 CITY-ST-ZIP	Ocala, FL 34478
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan Moody, Sec. Treas. DATE: 4-17-98 352-680-6886

CP2E034 (10/97)