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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **548294** (8)

1. Corporation Name  
**BIG VALUE ENTERPRISES, INC.**

Principal Place of Business  
**768 N. NOVA RD.  
DAYTONA BEACH FL 32114**

Mailing Address  
**768 N. NOVA RD.  
DAYTONA BEACH FL 32114-1742**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/04/1977</b>	3a. Date of Last Report <b>08/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1774164</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TIDWELL, BARBARA  
101 N DAYTONA AVE.  
FLGER BCH. FL 32036**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, BARBARA	1.2 NAME	
STREET ADDRESS	101 N DAYTONA AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	FLGER BCH, FL 00000	1.4 CITY- ST- ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONE, TIMOTHY	2.2 NAME	
STREET ADDRESS	1113 FLOMICH ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLY HILL FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWER, ALETHA B	3.2 NAME	
STREET ADDRESS	1889 S. GLENCOE	3.3 STREET ADDRESS	
CITY- ST- ZIP	NEW SMYRNA FL	3.4 CITY- ST- ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONE, DARRELL	4.2 NAME	
STREET ADDRESS	2040 OLD DAYTONA RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BCH. FL	4.4 CITY- ST- ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINNETT, SHANDA	5.2 NAME	
STREET ADDRESS	RT. 3, BOX 570	5.3 STREET ADDRESS	
CITY- ST- ZIP	HILLSVILLE VA	5.4 CITY- ST- ZIP	
TITLE	VSD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWER, RALPH J	6.2 NAME	
STREET ADDRESS	1889 S. GLENCOE	6.3 STREET ADDRESS	
CITY- ST- ZIP	NEW SYMRNA FL	6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-97 904/255-5823

CR2E034 (9/96)