

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Santa E. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #674373

1. Corporation Name

BIG V, INC.

Principal Place of Business Mailing Address

PO BOX 1265
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Mailing Address

26 601 SAGINAW AVENUE

27 Suite, Apt. #, etc.

28 City & State

29 CLEWISTON, FL

30 Zip

31 Country

3. Date Incorporated or Qualified 06-20-80 38. Date of Last Report 08-10-94

4. FEI Number 59-2017115 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL BS Zip Code

REDISH, JACQUELYN
3531 US HWY 27 S
SEBRING, FL 33820

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 and typed or printed title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUELINE REDISH	12 NAME
STREET ADDRESS	3531 US HWY 27 S	13 STREET ADDRESS
CITY - ST - ZIP	SEBRING, FL 33820	14 CITY - ST - ZIP
TITLE	PSD	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELVIRA GONZALEZ	22 NAME
STREET ADDRESS	601 SAGINAW AVENUE	23 STREET ADDRESS
CITY - ST - ZIP	CLEWISTON, FL 33446	24 CITY - ST - ZIP
TITLE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY - ST - ZIP		34 CITY - ST - ZIP
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY - ST - ZIP		44 CITY - ST - ZIP
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY - ST - ZIP		54 CITY - ST - ZIP
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY - ST - ZIP		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 119.07(3)(n), 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: *Elvira Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
ELVIRA GONZALEZ

4/27/95 813-983-6792

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