

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 # **692812** (1)

1. Corporation Name

BIG LAKE NURSERY, INC.



Principal Place of Business

Mailing Address

PO BOX 151
PAHOKEE FL 33476

PO BOX 348
LOXAHATCHEE FL 33470
US

3. Date Incorporated or Qualified

06/26/1981

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

4. FEI Number

59-2123917

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRD, WADE R
251 ROYAL PALM WAY
PALM BEACH 33480**

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 resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **S FARINAS, HERMIMIA**
STREET ADDRESS **316 ROYAL POINCIANNAPL**
CITY-ST-ZIP **PALM BCH, FL 00000**

TITLE ☐ DELETE
NAME **T PEREZ-STABLE, ALBERTO**
STREET ADDRESS **316 ROYAL POINCIANNAPL**
CITY-ST-ZIP **PALM BCH, FL 00000**

TITLE ☐ DELETE
NAME **P HORNE, LYNN D**
STREET ADDRESS **316 ROYAL POINCIANNAPL**
CITY-ST-ZIP **PALM BCH, FL 00000**

TITLE ☐ DELETE
NAME **V AZQUETA, JR NORBERTO**
STREET ADDRESS **316 ROYAL POINCIANNAPL**
CITY-ST-ZIP **PALM BCH, FL 00000**

TITLE ☐ DELETE
NAME **S BYRD, WADE R**
STREET ADDRESS **340 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BCH FL**

TITLE ☐ DELETE
NAME **C VILAR, ERNESTO**
STREET ADDRESS **316 ROYAL POINCIANA PL**
CITY-ST-ZIP **PALM BCH FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)

7-30-96 (407) 8952617