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FILED

Mar 11 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 # 692812

(1)

1. Corporation Name

BIG LAKE NURSERY, INC.

Principal Place of Business

PO BOX 151  
PAHOKEE FL 33476

Mailing Address

PO BOX 348  
LOXAHATCHEE FL 33470-0348  
US



3. Date Incorporated or Qualified

06/26/1981

3a. Date of Last Report

08/05/1996

4. FEI Number

59-2123917

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BYRD, WADE R  
251 ROYAL PALM WAY  
PALM BEACH 33480

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

ERNESTO VILAR  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)