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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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BIG/LITTLE STORES, INC.

Principal Place of Business Mading Address 511 EAST PARK AVENUE 511 EAST PARK AVENUE **BOX 1236** BOX 1236 ENTERPRISE ALABAMA 36331 ENTERPRISE ALABAMA 36331-1236 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1967 01/25/1996 2. Principal Flace of Besiness 2a. Mailing Address 4. FEI Number Applied For 63-0519611 21 26 Not Applicable Suite. Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 - Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, GEORGE RALPH U.S. HWY 90 EAST 82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 112 83 **DEFUNIAK SPRINGS FL 32433** 84 City Zip Code 85 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. Lam lamiliar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typical or printed carrie of registive Lagent and tabult applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE ___ Change Addition THEF 1.1 Title MCCREARY, A R NAME 1.2 NAME 114 WESTVIEW DR STREET ADORESS 1.3 STREET ADDRESS ENTERPRISE AL CITY-ST-7 P 1.4 CITY - ST - ZIP STD DELETE ☐ Change Addition THEF 2.1 TITLE MCCREARY, ALBERT R. JR. NAME 2.2 NAME 119 EAGLE CIRCLE STREET ADORESS 2.3 STREET ADDRESS ENTERPRISE AL CUTY-ST-7 P 2. 4 CITY - ST- ZIP DELETE Tillet 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-SI-ZI 3.4. CITY - ST - ZIP DELETE THUE 4.1 HITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CEY-SI-7P 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition THE HAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CCY-ST 7F DELETE THEF 6.1 TITLE ___ Change ☐ Addition 6.2 NAME NAME STREET ANDRESS 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual 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 it changed, or on an attachment with an address.