FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

% EDWARD B KNIGHT

336 DUVAL STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F31605 1. Corporation Name

BIG K REALTY, INC.

Principal Place of Business

% EDWARD B KNIGHT 336 DUVAL STREET FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90081 043 ***150.00



DO NOT WRITE IN THIS SPACE

KEY WEST FL 3	22040	KEY WEST FL 33040			3. Date Incorporated or Qualifed 04/13/1981		
NET WEST TEX							
		To Marillan Address		_	4. FEI Number	Applied For	
- ,	lace of Business	2a. Mailing Address			59-2102891	Not Applicable	
21			26		39-2 102091	\$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apr. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required		
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intan		
24	25	29 3	10		1 crooner reporty rum]Yes □No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered A	gent	
		•	8	1 Name			
KNIGHT, EDWARD B				2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
336	DUVAL ST		"	82 Street Address (P.O. Box Number is Not Acceptable)			
KEY WEST FL 33040			8	3			
			8	4 City		85 Zip Code	
				1 ' '	<u>FL</u>		
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	re of Florida. Such change was aut	norizea b	v ine corborai	poration submits this statement for the purpose of ct ion's board of directors. I hereby accept the appoint	ment as registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered Ag	ent signature requir	red when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addit	
NAME	KNIGHT, EDWARD B		1.2 NAME	<u> </u>			
STREET ADDRESS	336 DUVAL ST		1,3 STRE	ET ADDRESS			
	KEY WEST, FL 00000		1.4 CITY-	·ST·ZIP			
CITY-ST-ZIP TITLE	TIET WEST, TE 66666	DELETE	2.1 TITLE			Change Addit	
			2.2 NAME				
NAME			2.3 STRE	ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	2. 4 CiTY 3.1 TITLE			☐ Change ☐ Addit	
TITLE				1		_ · · _	
NAME		•	3.2 NAM	i			
STREET ADDRÉSS				ET ADDRESS	•		
CITY-ST-ZIP	,		3.4. CITY			☐ Change ☐ Addit	
TITLE.		☐ DELETE	4,1 TITLE			Ci Andrige Ci Addi	
NAME			4. 2 NAM	ie			
STREET ADDRESS	'		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4,4 CITY	-ST-ZIP			
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NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addi	
i	100		6.2 NAM	E			
NAME			6.3 STRE	EET ADDRESS			
STREET ADDRESS			6.4 CITY				
CITY-ST-ZIP	1		0.4 GH T	-01-£IF	Decide 440 07(0)(i) Floride Statutes 1 further porti		

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Daytime Phone #

PPEN34 (11/98)