

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F73246** (3)
1. Corporation Name
BIG TREE CROSSING, INC.



Principal Place of Business
**162 E HIGHWAY 434
LONGWOOD FL 32750**

Mailing Address
**162 E HIGHWAY 434
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **840 Waterway Pl.**
Suite, Apt. #, etc.
22
City & State
23 **Longwood, FL**
Zip Country
24 **32750** 25 **US**

2a. Mailing Address
26 **840 Waterway Pl**
Suite, Apt. #, etc.
27
City & State
28 **Longwood, FL**
Zip Country
29 **32750** 30 **US**

3. Date Incorporated or Qualified
03/23/1982

4. FEI Number
59-2318101

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HATTAWAY, MIKE
162 E HWY 434
LONGWOOD, FL
32750**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
840 Waterway Place
83
84 City **Longwood** FL 85 Zip Code **32750**

11. Pursuant to the provisions of Sections 607.0507 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 **MIKE HATTAWAY**

Signature, typed or printed name of registered agent and the day for date

(NOTE: Registered Agent signature required when recertifying)

DATE

4-3-98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	HATTAWAY, JAMES A.	900 ARABIAN AVE	WINTER SPRINGS FL	<input type="checkbox"/>
P	HATTAWAY, MIKE	162 E HWY 434	LONGWOOD, FL 00000	<input type="checkbox"/>
ST	HATTAWAY, J R	162 E HWY 434	LONGWOOD, FL 00000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied on 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 registered trustee or registered 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 addition with an address.

SIGNATURE:

4/3/98

407-831-7500

CR2E034 (10/97)