

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

FILED

Feb 21 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 # **F78285** (6)

1. Corporation Name  
**BIG BEND ENGINEERING CO., INC.**

Principal Place of Business

**2808 REMINGTON GREEN NORTH  
P.O. BOX 13567  
TALLAHASSEE FL 32317-3567**

Mailing Address

**2808 REMINGTON GREEN NORTH  
P.O. BOX 13567  
TALLAHASSEE FL 32317-3567**

3. Date Incorporated or Qualified

**04/29/1982**

3a. Date of Last Report

**04/22/1996**

2. Principal Place of Business

**21 2808 Remington Green N.**

2a. Mailing Address

**26 P. O. Box 13567**

Suite, Apt. #, etc.

**22 Suite D**

Suite, Apt. #, etc.

**27**

City & State

**23 Tallahassee, FL**

City & State

**28 Tallahassee FL**

Zip

**24 32308**

Country

**25 USA**

Zip

**29 32317-3567**

Country

**30 USA**

4. FEI Number

**59-2184577**

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

**SATTERFIELD, H.C. III  
2808 REMINGTON GREEN NORTH  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

**81 Name Diane H. Satterfield  
82 Street Address (P.O. Box Number is Not Acceptable)  
2808 Remington Green North  
83  
84 City Tallahassee FL 85 Zip Code 32308**

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 **Diane H. Satterfield, President**

*Diane H. Satterfield*

**2/14/97**

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>SATTERFIELD, H.C.</b>	
STREET ADDRESS	<b>2808 REMINGTON GREEN,N.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SATTERFIELD, DIANE H</b>	
STREET ADDRESS	<b>2808 REMINGTON GREEN,N.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>H. C. Satterfield, III</b>	
1.3 STREET ADDRESS	<b>2808 Remington Green North, Suite D</b>	
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
2.1 TITLE	<b>P/T/M/C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Diane H. Satterfield</b>	
2.3 STREET ADDRESS	<b>2808 Remington Green North, Suite D</b>	
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Diane H. Satterfield* **Diane H. Satterfield (904) 385-2137**

**2/14/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)