FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H25989** **(5)**

1. Corporation Name

BIG SUN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
142 WEST NOBLE AVENUE P O BOX 10 WILLISTON FL 32696	142 WEST NOBLE AVENUE P O BOX 10 WILLISTON FL 32696

3. Date Incorporated or Qualified: **10/18/1984**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-2456491** ☐ 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

O'NEILL, WILLIAM G.
110 NE 5TH ST
P.O. DRAWER 908
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name: Philles Gatchell

82 Street Address (P.O. Box Number is Not Acceptable): 142 W. Noble Ave.

83: P.O. Box 10

84 City: Williston **FL** 85 Zip Code: 32696

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: Philles Gatchell — Philles Gatchell (NOTE: Registered Agent signature required when mailing) — DATE: 4-8-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'NEILL, BETTY A.		1.2 NAME		
STREET ADDRESS	RT 4 BOX 11430		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		1.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O'NEILL, WILLIAM G.		2.2 NAME		
STREET ADDRESS	P.O. DRAWER 908		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	GATCHELL, PHILLES		3.2 NAME	Philles Gatchell	
STREET ADDRESS	142 WEST NOBLE AVE		3.3 STREET ADDRESS	142 W. Noble Ave.	
CITY-ST-ZIP	WILLISTON		3.4 CITY-ST-ZIP	Williston, Fl 32696	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	700001864127	
STREET ADDRESS			5.3 STREET ADDRESS	-06/17/96--01054--031	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		5-1-96 DEB

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Philles Gatchell — Philles Gatchell — 5-1-96 — 352-528-3151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #