

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H70787** (7)
1. Corporation Name
BIG LAKE FINANCIAL CORPORATION



Principal Place of Business P. O. DRAWER 1699 OKEECHOBEE FL 34973-1699	Mailing Address P. O. DRAWER 1699 OKEECHOBEE FL 34973-1699
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1985	3a. Date of Last Report 04/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2613321		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MULLINS, JOE G. 1409 S. PARROTT AVE. OKEECHOBEE FL 34974		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		FL	85. Zip Code

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

Signature (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALPOLE, EDWIN E., III	1.2 NAME	
STREET ADDRESS	269 N.W. 9TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL	1.4 CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MARY BETH	2.2 NAME	
STREET ADDRESS	2123 S.W. 21ST ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABNEY, JOHN W., SR.	3.2 NAME	
STREET ADDRESS	805 S.W. 15TH ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, JOE G.	4.2 NAME	
STREET ADDRESS	1409 S. PARROTT AVE.	4.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBRETH, GILBERT H	5.2 NAME	
STREET ADDRESS	P.O. BOX 848 N/A	5.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, HENRY C	6.2 NAME	
STREET ADDRESS	P.O. BOX 178 N/A	6.3 STREET ADDRESS	
CITY- ST- ZIP	OKEECHOBEE FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0474465

4-15-97

CR2E034 (9/96)