

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H70787

1. Corporation Name

BIG LAKE FINANCIAL CORPORATION

Principal Place of Business
1409 SOUTH PARROTT AVENUE
OKEECHOBEE FL 34974

Mailing Address
1409 SOUTH PARROTT AVENUE
OKEECHOBEE FL 34974

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90175 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1985

4. FEI Number

59-2613321

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

1801 Hwy. 441 S.E.

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

Okeechobee, FL

24 Zip

Country

28 Zip

34974

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLINS, JOE G
1409 S. PARROTT AVE.
OKEECHOBEE FL 34974

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME WALPOLE, EDWIN E., III
STREET ADDRESS 269 N.W. 9TH STREET
CITY-ST-ZIP OKEECHOBEE FL

TITLE ST
NAME COOPER, MARY BETH
STREET ADDRESS 2123 S.W. 21ST ST.
CITY-ST-ZIP OKEECHOBEE FL

TITLE D
NAME ABNEY, JOHN W., SR.
STREET ADDRESS 805 S.W. 15TH ST.
CITY-ST-ZIP OKEECHOBEE FL

TITLE V
NAME MULLINS, JOE G.
STREET ADDRESS 1409 S. PARROTT AVE.
CITY-ST-ZIP OKEECHOBEE FL

TITLE D
NAME CULBRETH, GILBERT H
STREET ADDRESS P.O. BOX 848 N/A
CITY-ST-ZIP OKEECHOBEE FL

TITLE D
NAME KELLY, HENRY C
STREET ADDRESS P.O. BOX 176 N/A
CITY-ST-ZIP OKEECHOBEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Fry, Curtis S.
1.3 STREET ADDRESS 111 San Benito Ave.
1.4 CITY-ST-ZIP Clewiston, FL 33440

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Smith, Thomas A.
2.3 STREET ADDRESS 475 7th Ave.
2.4 CITY-ST-ZIP Labelle, FL 33935

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Boy, John B., Jr.
3.3 STREET ADDRESS 401 S. W.C. Owens Ave.
3.4 CITY-ST-ZIP Clewiston, FL 33440

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Tucker, Bobby H.
4.3 STREET ADDRESS 208 N. Parrott Ave.
4.4 CITY-ST-ZIP Okeechobee, FL 34972

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

(941) 467-4663
Daytime Phone #

CR2E034 (11/98)