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 # H80517 (6)

1. Corporation Name

BIG LAKE INSURANCE, INC.

Principal Place of Business

145 SE HIGHWAY 441
P.O. BOX 1262
OKEECHOBEE, FL 34973

Mailing Address

145 SE HIGHWAY 441
P.O. BOX 1262
OKEECHOBEE, FL 34973

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/14/1985

3a. Date of Last Report: 06/21/1994

4. FEI Number: 59-2610233 — 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

CONELY, TOM W. III
207 NW SECOND STREET
OKEECHBOEE, FL 34972

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 (typed or printed name of registered agent and title, if applicable) NOTE: Registered Agent signature required when filing. DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KELLY, BETTY J.	
STREET ADDRESS	SW 48TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE, FLORIDA	
TITLE	DCP	☐ DELETE
NAME	KELLY, HENRY C.	
STREET ADDRESS	SW 48TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE, FLORIDA	
TITLE	STD	☐ DELETE
NAME	BAILER, JAMES A.	
STREET ADDRESS	POST OFFICE BOX 2396 N/A	
CITY-ST-ZIP	OKEECHOBEE, FLORIDA	
TITLE	ST	☐ DELETE
NAME	PERVISS, MABLE	
STREET ADDRESS	6015 HWY 710 SE	
CITY-ST-ZIP	OKEECHOBEE, FLORIDA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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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)(k), Florida Statutes. I further certify that the information indicated on this annual report supplement the 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 in that part, or on an attachment with an address.

SIGNATURE: Henry C. Kelly 7-11-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)