

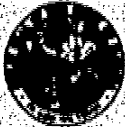
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 19 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J38270 (1)					
1. Corporation Name BIG OAK BUILDERS, INC.					
Principal Place of Business PO BOX 53027 JACKSONVILLE FL 32201 US			Mailing Address PO BOX 53027 JACKSONVILLE FL 32201 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/15/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 05/01/1994	
City & State 23		City & State 28		4. FEI Number 58-0069546	
Zip 24	Country 25	Zip 29	Country 30	Applied For Not Applicable	
9. Name and Address of Current Registered Agent DURRANCE, MARVIN J 3401 FAIRBANKS GRANT RD JACKSONVILLE FL 32223				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	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	☐ Change ☐ Addition				
STREET ADDRESS	1.1 TITLE				
CITY-ST-ZIP	1.2 NAME				
	1.3 STREET ADDRESS				
	1.4 CITY-ST-ZIP				
	2.1 TITLE				
	2.2 NAME				
	2.3 STREET ADDRESS				
	2.4 CITY-ST-ZIP				
	3.1 TITLE				
	3.2 NAME				
	3.3 STREET ADDRESS				
	3.4 CITY-ST-ZIP				
	4.1 TITLE				
	4.2 NAME				
	4.3 STREET ADDRESS				
	4.4 CITY-ST-ZIP				
	5.1 TITLE				
	5.2 NAME				
	5.3 STREET ADDRESS				
	5.4 CITY-ST-ZIP				
	6.1 TITLE				
	6.2 NAME				
	6.3 STREET ADDRESS				
	6.4 CITY-ST-ZIP				
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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.					
SIGNATURE: M. J. DURRANCE M. J. DURRANCE 4/12/95 (904) 262-3871					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					