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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT** #

BIG OAK BUILDERS, INC.

Principal Place of Business

(1)

Mailing Address		 
PO BOX 52027 JACKSONVILLE FL	32201-2027	

## **FILED** Apr 28 1997 8:00am Secretary of State



PO BOX 5202 JACKSONVILLI US	7 E FL <b>3220</b> 1	PO BOX 52027 JACKSONVILLE US	FL 32201-2027					
		J•				3. Date incorporated or Qualified 10/15/1986	3a. Date of La 07/08/19	
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number		Applied For
21		26				59-3069546		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		<b>75</b> Additional e Required
City & State	9	City & State	)			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Ζφ		Country		8. This corporation has liability for i		der s. 199,032,
24	25	29	30				Yes No	
	9. Name and Address of C	urrent Registered Agent	<u> </u>			10. Name and Address of New Re	gistered Agent	
	RRANCE, MARVIN J			81	Name			
3401 FAIRBANKS GRANT RD JACKSONVILLE FL 32223		82	82 Street Address (P.O. Box Number is Not Acceptable)					
				83				
				84	City		85	Zip Code
44 -							FL   "	
office or re agent. I a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Flo State of Florida. Such che obligations of, Section 60	rida Statutes, th ange was autho 7.0505, Florida	ne above rized by Statutes	named co the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changi of the appointmen	ng its registered it as registered
	Signature, typed or printed name of registe				ol signature req	ured wher: reinstaling)	DATE	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DPST	IJ		1.1 THEE			L Cha	nge Addition
NAME	DURRANCE, M J	- nn		1,2 NAME				
STREET ADDRESS	3401 FAIRBANKS GRANT	עאו	<b>.</b>	1,3 \$1REE1 .	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY - ST	I - ZIP			The state of
TITLE		U		2170LF			L Cha	inge Addition
NAME				2 2 NAME				
STREET ADDRESS			1	2.3 STREET	}			
CITY-ST-ZIP TITLE				<u>2 4 CITY+S</u> 3 1 TRLE	1 - ZIP		Cha	inge Addition
NAME				3.2 NAME			L. 010	igo 🔛 Alacidori
STREET ADDRESS				3.3 STREET	Amburce			
-				34 CITY-S				
CITY-ST-ZIP TITLE				4.1 TITLE	1.51		Cha	nge Addition
NAMÉ			1	4. 2 NAME	1			
STREET ADDRESS				4.3 STREET	22390014			
CITY-ST-ZIP				4.4 CITY - ST				
TITLE		П		5.1 III (	1-711		Cha	inge Addition
NAME		_		5.2 NAME				· —
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S				
TITLE		П		6.1 HILE	- (1)	*	☐ Cha	inge Addition
NAME				62 NAME				
STREET ADDRESS				63 STREET	ADDRESS			
			1		]			
CITY-ST-ZIP	ou cartify that the information of	maked with this files doe		6.4 CHY-S		ed in Section 110 07(3)(i). Florida Statuto	o I further partifu	that the

Les inviews coming near to information supplied with this ining does not quality for the exemption stated in section 119 D/(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 trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Mock 137 charged, or on an attachment with an address.

1/20/97 (9M2)225841