FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 0.00

Apr 07 1998 8:00am **PROFIT** ELORIDA DEPARTMENT STATE CORPORATION Sandra B. Morti ANNUAL REPORT Secretary of State Secretary of Sta DIVISION OF CORPOR 1998 TIONS DOCUMENT # (8)J88879 BIG LAKE ROOFING, INC. Principal Place of Business Mailing Address 2600 NW 63RD TERR 2000 NW 63RD TERR P O BOX 1576 P O BOX 1576 OKEECHOBEE FL 34973-8576 OKEECHOBEE FL 34973-8576 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0005368 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name BAKER, JOE H. 2600 NW 63 TERR. Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34972** 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a
office or registered agent, or both, in the State of Florida. Such change was authorize
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or protest name of registered agent and little if applicable (NOTE Bugisto Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DILETE TITLE BAKER, JOE H. NAME 2600 NW 63 TERR. REET ADORESS STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP Y-51-ZIP DELETE Change Addition TITLE BAKER, PEGGY NAME 2600 NW 63RD TERR. HEET ADDRESS STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP ry - ST - 21P DELETE Change ☐ Addition TITLE JOHNSON, KELLY 3.2 N ME NAME 2581 NW 63RD TERRACE 3 3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE \_\_ Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-ST-ZiP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP 14. Thereby contify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the compration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

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