

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **K03362** (6)

1. Corporation Name  
**BIG MAC, INC.**

Principal Place of Business: **2000 E EDGEWOOD DR. STE 214 LAKELAND FL 33803-3648 US**  
Mailing Address: **2000 E EDGEWOOD DR. STE 214 LAKELAND FL 33803-3648 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/23/1987**  
3a. Date of Last Report: **04/11/1994**  
4. FEI Number: **59-2859699**  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. State, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 30

9. Name and Address of Current Registered Agent: **MCKEEL, S. DOUGLAS 2000 E. EDGEWOOD DR. STE 214 LAKELAND FL 33803**  
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

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>MCKEEL, F. GRAHAM</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MCKEEL, F. GRAHAM</b>	<b>2000 E EDGEWOOD DR #214 TAMPA FL</b>	1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	
CITY, ST, ZIP:		1.4 CITY, ST, ZIP:	
TITLE: <b>D</b>	<b>MCKEEL, S. DOUGLAS</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MCKEEL, S. DOUGLAS</b>	<b>2000 E EDGEWOOD DR #214 LAKELAND FL</b>	2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY, ST, ZIP:		2.4 CITY, ST, ZIP:	
TITLE:		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY, ST, ZIP:		3.4 CITY, ST, ZIP:	
TITLE:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP:	
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY, ST, ZIP:		5.4 CITY, ST, ZIP:	
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY, ST, ZIP:		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 190.07(2)(b), Florida Statutes. I further certify that the information included 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 of changed, or as an attachment with an address.

SIGNATURE: **1/10/95** (150) (150) 1355