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 # **K37580** **(3)**

1. Corporation Name
BIG BEND REALTY, INC.

Principal Place of Business
3123 SHANNON LAKES NO
TALLAHASSEE FL 32308
US

Mailing Address
PO BOX 13988
TALLAHASSEE FL 32317
US

3. Date Incorporated or Qualified: **10/07/1988**
3a. Date of Last Report: **05/23/1995**

4. FEI Number: **59-2919106** [ ] 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 [X] Yes [ ] No

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

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

9. Name and Address of Current Registered Agent
COGDILL, JOHN L.
3123 SHANNON LAKES NORTH
TALLAHASSEE FL 32308-9335

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 607.0122 and 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	COGDILL, JOHN L.	
STREET ADDRESS	3123 SHANNON LAKES NORTH	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	D	[ ] DELETE
NAME	COGDILL, GLORIA J.	
STREET ADDRESS	3123 SHANNON LAKES NORTH	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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 TITLE	[ ] Change	[ ] Addition
2 NAME		
3 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE	[ ] Change	[ ] Addition
6 NAME		
7 STREET ADDRESS		
8 CITY, ST, ZIP		
9 TITLE	[ ] Change	[ ] Addition
10 NAME		
11 STREET ADDRESS		
12 CITY, ST, ZIP		
13 TITLE	[ ] Change	[ ] Addition
14 NAME		
15 STREET ADDRESS		
16 CITY, ST, ZIP		
17 TITLE	[ ] Change	[ ] Addition
18 NAME		
19 STREET ADDRESS		
20 CITY, ST, ZIP		

14. I do hereby certify that the information supplied herein is substantially identical and complete as of, for the purposes of Section 119.07(5)(a), 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 it made under oath, that I am an officer or director of the corporation, or a receiver or trustee or other fiduciary pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereinabove or in any attachment with the proper title.

SIGNATURE: John Cogdill John Cogdill 3/26/96 (904) 566-7894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

CR2E034 (12/95)