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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K55664

1. Corporation Name

BIGGS & SON, INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90033 020 ***158.75



Principal Place of Business		Mailing Address			
8580 PALMOFISH CAMP RD		8580 PALMOFISH CAMP RD			
LOT H		LOT H			DO NOT WRITE IN THIS SPACE
ST AUGUSTINE	FL 32092	ST AUGUSTINE FL 32092 US	ST AUGUSTINE FL 32092		3. Date Incorporated or Qualified
US		US			
		A Marie - Address			01/04/1989 4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address			''
21		26			59-2920494 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		27			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution St.00 May Be Added to Fees
23 28					
Zip	Country		ê ' ڪ		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No
24	25	29	30		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent
BICC	OC MADIZ			b) Name	
	SS, MARK		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)
	PALMOFISH CAMP ROAD				
LOT				83	
STA	JUGUSTINE FL 32092			84 City	85 Zip Code
					FL \
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	lutes, the a	bove-named c	orporation submits this statement for the purpose of changing its registered
office or i	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607.0505, F	autnonze Iorida Staj	a by the corpor tutes.	ation's board of directors. I hereby accept the appointment as registered
	Mark F. Bing	Mark	E.B	inas 1	owner 2-23-99
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Ament signature req	uired when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 T	ITLE	☐ Change ☐ Addition
NAME	BIGGS, MARK		1.2 N	AME	
STREET ADDRESS	ACAA MAAAAAEINI AAAAB BAAA	D. LOT H	1.3 \$	TREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	. =	1.4 C	ITY-ST-ZIP	
TITLE		☐ DELETE	2.1 T	MLE	☐ Change ☐ Addition
NAME			2.2 N	IAME	
STREET ADDRESS			2.3 S	TREET ADDRESS	
· ·				CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	3.1 T		☐ Change ☐ Addition
		_ >++===	3.2 N		
NAME				TREET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. 0 4.1 T	CITY-ST-ZIP	Change Addition
TITLE		בי סבננוג		1	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.17		
NAME				IAME	
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP				ITY-ST-ZIP	
TITLE		☐ DELETE	6.1 T		☐ Change ☐ Addition
NAME				IAME	
STREET ADDRESS			6.3 S	TREET ADORESS	•
I .	1		640	CITY-ST-ZIP	1

14. I hereby certify that the information supplied with this filing 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 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 if changed, or on an attachment with an address, with all other like empowered.