

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB 24 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K77778**

**(4)**

1. Corporation Name

**BIG ORANGE, INC.**

Principal Place of Business

**POST OFFICE BOX 1321  
TAMPA FL 33601**

Mailing Address

**POST OFFICE BOX 1321  
TAMPA FL 33601**

**700001415177**

**-02/24/95--01102--001**

**\*\*\*3600.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/03/1989</b>                                                                                                      | 3a. Date of Last Report<br><b>02/18/1994</b>           |
| 4. FEI Number<br><b>59-2944096</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>25. Suite, Apt. #, etc.<br>26. City & State<br>27. Zip<br>28. Country |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**UTERWYK, STEVEN A.  
1307 W. KENNEDY BLVD.  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.                                                    |              |
| 84. City                                               | <b>FL</b>    |

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DP                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERMAN, JAMES L., JR. | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1307 W. KENNEDY BLVD. | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL              | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VST                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | UTERWYK, STEVEN A.    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1307 W. KENNEDY BLVD. | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL              | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | UTERWYK, STEVEN A.    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1307 W. KENNEDY BLVD. | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL              | 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                                   |                                                                   |

**SSS  
2/24/95**

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 119.07(3)(k), 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 would under oath, that I am an officer or director of the corporation or the resolver or institution 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, with an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven A. Uterwyk 01/23/95 (813)251-2765**

(Date)

(Signature Number)