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 #   L82717   (4)

1. Corporation Name

BIG BREN ENTERPRIZES, INC.

Principal Place of Business

3020 PALM VALLEY ROAD
PONTE VEDRA BEACH FL 32082

Mailing Address

3020 PALM VALLEY ROAD
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified 06/25/1990	3a. Date of Last Report 05/16/1995

2. Principal Place of Business
21 1157 Neck Rd.

Suite, Apt. #, etc.
22

City & State
23 Ponte Vedra Bch, FL

Zip
24 32082
Country
25 St. Johns

2a. Mailing Address
26 1157 Neck Rd

Suite, Apt. #, etc.
27

City & State
28 Ponte Vedra Bch, FL

Zip
29 32082
Country
30 St. Johns

4. FEI Number   59-3028442   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   ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'NEILL, KAREN, B
1009 21ST ST., NO.
JACISONVILLE BEACH FL 32250

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 607.0502 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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **COWGILL, BRENDA M.**		1.2 NAME	
STREET ADDRESS **1157 NECK RD.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **PONTE VEDRA BCH FL**		1.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **COWGILL, WILLIAM D.**		2.2 NAME	
STREET ADDRESS **1157 NECK RD.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **PONTE VEDRA BCH FL**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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.

BRENDA M. Cowgill
President 4/30/96   904-285-5954

SIGNATURE: Brenda M Cowgill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #