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Mar 05, 2004 8:00 am
Secretary of State
02-11-2004 90004 041 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000074589

1. Entity Name
STRUCTURAL TECHNOLOGY OF THE BIG BEND, INC.

Principal Place of Business	Mailing Address
115 E GULF BEACH DR ST GEORGE ISLAND, FL 32328	115 E GULF BEACH DR ST GEORGE ISLAND, FL 32328

02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc. Same	Suite, Apt #, etc. Same
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0112072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD 4TH FLOOR
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name: Randy Carey
Street Address (P.O. Box Number is Not Acceptable): 115 E. Gulf Beach Dr.
City: St George Island, FL Zip Code 32328

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Randy Carey — 2/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

Field	Officer	
TITLE	D	☐ Delete
NAME	MILLER, GIBBES U JR	
STREET ADDRESS	115 E GULF BEACH DR	
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328	
TITLE	D	☐ Delete
NAME	CAREY, RANDOLPH G	
STREET ADDRESS	115 E GULF BEACH DR	
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Officer	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randy Carey — 2/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #