

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90141 001 ***150.00

DOCUMENT # P31243

1. Corporation Name

BIG W OF FLORIDA, INC.

Principal Place of Business
6452 N.W. 5TH WAY
FT. LAUDERDALE FL 33309
US

Mailing Address
6301 WATERFORD BLVD.
PO BOX 26647
OKLAHOMA CITY OK 73126-0647
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1990

4. FEI Number

65-0218815

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 P ☐ DELETE
NAME LEHTO, STEVEN A.
STREET ADDRESS 6452 N.W. 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33309

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VC ☐ DELETE
NAME MOORE, LOUIS F
STREET ADDRESS 6452 N.W. 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33309

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE
NAME ALMOND, DAVID R
STREET ADDRESS 6301 WATERFORD BLVD
CITY-ST-ZIP OKLAHOMA CITY OK

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME SMITH, ROBERT W
STREET ADDRESS 6301 WATERFORD BLVD.
CITY-ST-ZIP OKLAHOMA CITY OK 73118

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VTAS ☐ DELETE
NAME THOMPSON, JOHN M
STREET ADDRESS 6301 WATERFORD BLVD.
CITY-ST-ZIP OKLAHOMA CITY OK 73118

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME QUINN, PAUL J
STREET ADDRESS 6301 WATERFORD BLVD.
CITY-ST-ZIP OKLAHOMA CITY OK 73118

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Mark O. Dumelester
MARK O. DUMELESTER

4-13-99

Date

405 840-7200

Daytime Phone #

CR2E034 (11/98)

0550588