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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - \$1 - 20P

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FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000009518 (1)

BIG LAKE CONSTRUCTION, INC.

Principal Place of Business Mailing Address 2699 NW 16TH BLVD PO BOX 1576 OKEECHOBEE FL 34972 OKEECHOBEE FL 34973-1576 3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1992 03/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 65-0389429 26 Not Applicable 21 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Z_{10} Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 30 Florida Statutes 24 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAKER, JOE 2600 NORTHWEST 63RD TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34972** 83 84 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: typical or printed manic of registrated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Change Addition DELETE 1.1 TITLE TITL€ GILL, MIKE 1.2 NAME NAME 22750 S.W. 65TH LANE STREET ADORESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition 2.1 TITLE THEF BAKER, JOE 22 NAME NAME 2600 N.W. 63RD TERRACE 2.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 2. 4 CiTY+ST-ZIP CITY-ST-ZIP DELETE Change Addition THLE STD 3.1 TITLE BAKER, PEGGY 3.2 NAME 2600 N.W. 63RD TERRACE 3.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 34972 3.4. CITY - ST - ZIP COY-ST-2IP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TILLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - \$1 - ZIP Addition DELETE Change 6.1 TITL€ THLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE

6.4 CHTY-ST-ZIP 14. If do 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