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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200009518 (1)

BIG LAKE CONSTRUCTION, INC. Mailing Address Principal Place of Business 2699 NW 16TH BLVD PO BOX 1576 OKEECHOBEE FL 34972 OKEECHOBEE FL 34973 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0389429 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** BAKER, JOE 2600 NORTHWEST 63RD TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34972** 83 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 little if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE Change Addition GILL, MIKE NAME 1.2 NAME 22750 S.W. 65TH LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE BAKER, JOE NAME 22 NAME 2600 N.W. 63RD TERRACE STREET ADDRESS 2.3 STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BAKER, PEGGY NAME 3.2 NAME 2600 N.W. 63RD TERRACE STREET ADDRESS 3.3 STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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.

SIGNATURE:

THE PROPERTY OF

Loule

1-17-98

941 16 3 6 550 Flaviline Phone # 0494647

FILED

Apr 03 1998 8:00am

Secretary of State