FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBMITTED BY MAY 1

DOCUMENT # **P93000000918 (1)**

1. Corporation Name

THE BIG FOUR, INC.

Principal Place of Business	Mailing Address
9099 N. FLORIDA AVE. TAMPA FL 33612	9399 N. FLORIDA AVE. TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1993**

3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **59-3160793** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

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

City & State — 23:

City & State — 28:

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

Zip — 24: County — 25:

Zip — 29: County — 30:

8. This corporation has elected to be taxed under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRETT, TED A
499 PATRICIA AVE.
SUITE C
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: GREGORY N. ALEXOPOULOS

82 Street Address (P.O. Box Number is Not Acceptable): 9399 N. FLORIDA AVE.

83

84 City: TAMPA FL 85 Zip Code: 33612

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: Greg Alexopoulos — 5-8-95

(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	11 TITLE	P	☑ Change ☐ Addition
NAME	ALEXOPOULOS, GREGORY N	12 NAME	ALEXOPOULOS, GREGORY N	
STREET ADDRESS	14802 NO FLORIDA AVE, STE U-336	13 STREET ADDRESS	2220 E GREENHOLLOW DR.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	ALEXOPOULES, NICKO G	22 NAME		
STREET ADDRESS	2220 E GREENHOLLOW DR	23 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP		
TITLE	O	31 TITLE		☐ Change ☐ Addition
NAME	MANOLAROS, ZOIS	32 NAME		
STREET ADDRESS	3734 WOODRIDGE PL	33 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Greg Alexopoulos — 4-27-95 — (813)933-2795

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GREG ALEXOPOULOS

0096510 CP