

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000032159 (4)

1. Corporation Name
BIG BOSS, INC.



Principal Place of Business: **240 WEST WASHINGTON ST. MONTICELLO FL 32344**
Mailing Address: **240 WEST WASHINGTON ST. MONTICELLO FL 32344**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/04/1993	01/24/1995
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-3184018	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
26		31		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		32		<input type="checkbox"/>	
28		33		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29		34			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32115-2491				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____
Signature, typed or printed name of registered agent, if not applicable. Title: Registered Agent, supervisor, partner, principal, etc.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SUMMITT, JACK		2. NAME				
STREET ADDRESS	% 240 W. WASHINGTON ST.		3. STREET ADDRESS				
CITY - ST - ZIP	MONTICELLO FL 32344		4. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6. NAME				
STREET ADDRESS			7. STREET ADDRESS				
CITY - ST - ZIP			8. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			10. NAME				
STREET ADDRESS			11. STREET ADDRESS				
CITY - ST - ZIP			12. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			14. NAME				
STREET ADDRESS			15. STREET ADDRESS				
CITY - ST - ZIP			16. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			18. NAME				
STREET ADDRESS			19. STREET ADDRESS				
CITY - ST - ZIP			20. CITY - ST - ZIP				

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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)(b), 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: *Jack Summitt* DATE: 5/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)