FILED May 05, 2008 8:00 am Secretary of State

2008 FC	JK PKOFI	I CORP	UKA	HUN
	ANNUAL	REPOR	T	

ANNUAL REPURI					_	Secreta	ary of Si	tate		
DOCUMENT # P93000045973							90262 025 ***1			
1. Entity Name	e						33 33 2000	1 3 2 3 2 3 2 3 1		
W.L. BIGE	ELOW, IN	NC.								
						4				
Principal Place	e of Business	S	Mailing Address		-l	1 .				
3706 W MCK			16528 N DALE MAB	RY HIGHW	AY					
TAMPA, FL 3	33609		TAMPA, FL 33618	US	•					
							IDIO 1111 1211 1211 121			
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suita Ant	# 616		Suite Ant # -t-			-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01182008	Chg-P	CR2E034 (12/06)		
City & State	e		City & State			4. FEI Numbe	r	A	pplied For	
7:-			1.0		59-3189	9936		ot Applicable		
Zip		Country	Zip	Cour	шу	5. Certificate	of Status Desired	S8.75 Ad Fee Require		
	6. Name	and Address of Curren	t Registered Agent			7. Name and	Address of New R			
CANDEDO		5			Name					
SANDERS 16528 N D		RY HIGHWAY			Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FI		;				<u> </u>				
		•								
					City			FL Zip Coo		
8. The above	named entit	y submits this statement I	for the purpose of changing	its register	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept	
ine obligat	ions di regis	tered agent.	11/	1/10 5	- Jana			1/2.100		
SIGNATURE_	Singstife typed	or printed name of registered ager	nt and title if applicable (TUI _	OANCIBLE ad Agent signature require	ud when reinstation)		4/30/00		
						- Transmitting)		- DATE		
		FEE IS \$150.00	9. Election Cam			.00 May Be				
After Ma	ay 1, 200	8 Fee will be \$550	Trust Fund C	ontribution.		ded to Fees				
10.		OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE NAME	D BIGELOW	V, WILLIAM	☐ Delete	TITL NAM	1			☐ Change	☐ Addition	
STREET ADDRESS		MCKAY AVE			EET ADDRESS					
CITY-ST-ZIP	TAMPA, F	FL 33609		cm	Y-ST-ZIP					
TITLE			☐ Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS				NAM STR	ME EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			☐ Delete	TITL	.E			Change	Addition	
NAME				NAM	l l					
STREET ADDRESS CITY-ST-ZIP					FET ADDRESS Y-ST-ZIP					
TITLE			☐ Delete	TITL				☐ Change	☐ Addition	
NAME				NAN				C overige		
STREET ADDRESS CITY-ST-ZIP					EET ADORESS				}	
TITLE	-			 i	Y-ST-ZIP		<u>-</u> -		□ 14222	
NAME			☐ Delete	TITL Nam				☐ Change	☐ Addition	
STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE NAME			☐ Delete	TITL NAM				☐ Change	☐ Addition	
STREET ADORESS					ME: EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
12. I hereby	certify that th	ne information supplied wi	ith this filing does not qualifies true and accurate and the	y for the ex	remptions containe	ed in Chapter 119	, Florida Statutes. I	further certify that the	information	
of the cor	rporation or t	ihe receiver or trustee em	powered to execute this rep with all other like empower	oort as requ	ired by Chapter 60	7, Florida Statute	s; and that my nam	e appears in Block 10 o	or Block 11 if	
		11/11.	A constitution of the compower	1//	1 D .	1/2.1	1/2 /20	M = ~	1/	
SIGNAT	ΓURE: Δ	WILLIAM L	DALLOW R PRINTED NAME OF SIGNING OFFI	10/1/		elow	4130100	815-815-	4302	
		OF GENERAL PROPERTY.	A FINIT NEU NAME UP SIGNING OFFI	UCK UK DIREC	JUK V		Date	Daytime Phone #	i	