

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000084695  
1. Corporation Name  
Big Marco Pass, Inc.  
913 Gulf Breeze, Florida 32561

This is to Pay the \$165.00 1997 Annual Report Fee and to pay for reinstatement. The Reinstatement Fee of \$750.00 is enclosed. As required for reinstatement Larry Masino as President and Richard E. Jesmonth, as Registered Agent have both signed.

Principal Place of Business Mailing Address *a. alan*

**REINSTATEMENT** *96-97*  
*4-15-97*

3. Date Incorporated or Qualified **12-6-93** 3a. Date of Last Report **5-95**  
4. FEI Number **59-3222259** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Note Change Below

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. <b>4125 Baisden Road</b>	26. <b>4125 Baisden Road</b>	<b>59-3222259</b>	<input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State <b>Pensacola, Florida</b>	28. City & State <b>Pensacola, Florida</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip <b>32547</b>	25. Country <b>Escambia</b>	29. Zip <b>32547</b>	30. Country

9. Name and Address of Current Registered Agent  
**Richard E. Jesmonth**  
Attorney at Law  
217 A. East Intendencia Street  
Pensacola, Florida 32501

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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, as required by law in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Richard E. Jesmonth* DATE: **4-14-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	12 NAME	13 NAME
STREET ADDRESS	STREET ADDRESS	12 STREET ADDRESS	13 STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	12 CITY-ST-ZIP	13 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	21 TITLE	22 TITLE
21 NAME	22 NAME	23 STREET ADDRESS	24 STREET ADDRESS
23 STREET ADDRESS	24 STREET ADDRESS	25 CITY-ST-ZIP	26 CITY-ST-ZIP
25 CITY-ST-ZIP	26 CITY-ST-ZIP	31 TITLE	32 TITLE
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	32 NAME	33 NAME
31 NAME	32 NAME	33 STREET ADDRESS	34 STREET ADDRESS
33 STREET ADDRESS	34 STREET ADDRESS	35 CITY-ST-ZIP	36 CITY-ST-ZIP
35 CITY-ST-ZIP	36 CITY-ST-ZIP	41 TITLE	42 TITLE
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	42 NAME	43 NAME
41 NAME	42 NAME	43 STREET ADDRESS	44 STREET ADDRESS
43 STREET ADDRESS	44 STREET ADDRESS	45 CITY-ST-ZIP	46 CITY-ST-ZIP
45 CITY-ST-ZIP	46 CITY-ST-ZIP	51 TITLE	52 TITLE
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	52 NAME	53 NAME
51 NAME	52 NAME	53 STREET ADDRESS	54 STREET ADDRESS
53 STREET ADDRESS	54 STREET ADDRESS	55 CITY-ST-ZIP	56 CITY-ST-ZIP
55 CITY-ST-ZIP	56 CITY-ST-ZIP	61 TITLE	62 TITLE
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	62 NAME	63 NAME
61 NAME	62 NAME	63 STREET ADDRESS	64 STREET ADDRESS
63 STREET ADDRESS	64 STREET ADDRESS	65 CITY-ST-ZIP	66 CITY-ST-ZIP
65 CITY-ST-ZIP	66 CITY-ST-ZIP		

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**-04/16/97--01091--012**  
**\*\*\*1080.00 \*\*\*\*915.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
97 APR 15 AM 10:57  
APPROVED  
FILED

14. I 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 contained 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: *Larry Masino* DATE: *4/14/97* DAYTIME PHONE #: *904-469-1247*  
SIGNATURE AND TYPED OR PRINTED NAME OF KNOWN OFFICER OR DIRECTOR

CR2E034 (9/96)