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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000084695 (4) DOCUMENT #

FILED Mar 23 1998 8:00am Secretary of State

BIG M	ARCO PASS, INC.	•			
Principal Plac	ce of Business	Mailing Address		I ABBRIDAN AND NALDO ALLIN ABDIN ABUNI ABUNI ABUNI ABUNI	HATEL BURIN CILIN IDIOL BAIL LUNI
4125 BAISDEN ROAD 4125 BAISDEN ROAD					
PENSACOLA FL 32547 PENSACOLA FL 32547					
i				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
9 Dringing C	Place of Business	1.6. 1.7.		12/06/1993	
— ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# Alc	Suite, Apt. #, etc.		59-3222259	Not Applicable
22	. m, Qto.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		A Florida Consolina Florida	· · · · · · · · · · · · · · · · · · ·
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zjp	Country	Zip	Country	8. This corporation owes or has paid the	Added to Fees
24	25	_ ├ `	30	Personal Property Tax due June 30.	Yes No
•	9. Name and Address of Currer		-	10. Name and Address of New Registers	
JE	SMONTH, RICHARD E		81 Name		<u> </u>
217 A. EAST INTENDENCIA STREET			82 Street Ad	ddrood (D.O. Doublington in Not Assessed in	
PENSACOLA FL 32501			OZ SIIBBI AI	ddress (P.O. Box Number is Not Acceptable)	
			83		
		•	24 0		
		Λ	84 City	F	B5 Zip Code
11. Pursuant to the provisions of Sections 607.05/2 and 607.1598. Florida Statutes, the above-named corporation submits this statem					of changing its registered
11. Pursuant to the provisions of Sections 607.05/2 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am fancter with and accept the appointment as registered agent. I am fancter with and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE		1	ida Gialatos.		
SIGNATURE	Signature typed or printed name of indistered type	t and little if applicable. (NOTE:	Registered Agent signature re	quired when reinstaling) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Lineans carry.	☐ DELETE	1.1 TITLE		Change Addition
NAME	MASINO, LARRY L		1.2 NAME		
STREET ADDRESS	4125 BAISDEN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32547		1.4 CITY-ST-ZIP		
TITLE		☐ DELE TE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		, j
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T pourte	3.4. CITY-ST-ZIP		
TITLE		☐ DELET€	4 1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		
TITLE		T) DETER	5.1 TITLE		Change Addition
NAME CYDEEY ADDRESS			5.2 NAME		イン
STREET ADDRESS			5.3 STREET ADDRESS		2-13
CITY-ST-ZIP TITLE		DELET E	5.4 CITY-ST-ZIP		Change 1 4 aug
		L_I DELETE	6.1 TITLE	400002466 3 -03/24/98010241 ***300.00	Addition Addition
NAME OTOTET ADDOCCO			6.2 NAME	-03/24/98010241	J22
STREET ADDRESS			6.3 STREET ADDRESS	***300.00	
CITY-ST-ZIP	ertify that the information supplied with	h this filing doos not qualify for	6.4 CITY-ST-ZIP	in Castian 440 07/0V/0 Florida Obligation 14 inter-	

necessary mat 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 changing or on an attachment with an address.