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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:30

DOCUMENT # P94000067798 (6)

1. Corporation Name
BIG LAKE ACCOUNTING ENTERPRISES OF BOWLING GREEN FLORIDA, INC.

Principal Place of Business	Mailing Address
~~MONROE ST. AND FIFTH AVE.~~ ~~BOWLING GREEN FL 33834~~	~~MONROE ST. AND FIFTH AVE.~~ ~~BOWLING GREEN FL 33834~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: Intial

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 456	26 9000 W. Sheridan St.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 170
City & State: 23 Bowling Green, FL	City & State: 28 Pembroke Pines, FL
Zip: 24 33834 Country: 25 USA	Zip: 29 33024 Country: 30 USA

4. FEI Number: 65-0523607 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, ROY F SR. ~~9000 W. SHERIDAN ST.~~ ~~SUITE 147~~ ~~PEMBROKE PINES FL 33024~~	81 Name: Roy F. Adams, SR. 82 Street Address (P.O. Box Number is Not Acceptable): 9000 Sheridan Street 83 Suite 170 84 City: Pembroke Pines, FL 85 Zip Code: 33024

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: Roy F. Adams DATE: 1/11/95
Signature, typed or printed name of registered agent (and title if applicable) — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS, ROY F SR.	12 NAME	
STREET ADDRESS	11700 S.W. 11TH PL.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	14 CITY-ST-ZIP	
TITLE	VTSD	21 TITLE	VTSD XX Change ☐ Addition
NAME	ADAMS, JANICE M [redacted]	22 NAME	Janice M. Adams
STREET ADDRESS	11700 S.W. 11TH PL.	23 STREET ADDRESS	11700 S.W. 11th Place
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33325
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HEITHER, ALFRED D	32 NAME	
STREET ADDRESS	P.O. BOX 456 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL 33834	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: Roy F. Adams 1/11/95 (305) 438-4604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0447070 FP