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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT # P95000011094 (6)

BIG O ENTERPRISES, INC.

Mailing Address Principal Place of Business 5907 N.W. 52ND TERRACE 5907 N.W. 52ND TERRACE GAINESVILLE FL 32653-3357 GAINESVILLE FL \$2653 3a. Date of Last Report 3. Date Incorporated or Qualified 02/09/1995 10/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3295428 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Yes 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent R1 Name OLINGER, CHARLES T 5907 N.W. 52ND TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32653** В3 City Zip Code 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 agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELFTE Change Addition 1.5 TITLE TITLE **OLINGER, CHARLES T** NAME 1 NAME **59**07 N.W. 52ND TERRACE 1,3 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32653 1,4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE OLINGER, WILLIAM D III 22 NAME NAME **5907 N.W. 52ND TERRACE** STREET ADDRESS 2,3 STREET ADDRESS **GAINESVILLE FL 32653** 2,4 City-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3,3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3,4. CITY-ST-ZIP DELETE Change Addition 4,1 111LE TITLE 4, 2 NAME STREET ADDRESS 4,3 STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5,1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5/3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY-ST-ZIP DELETE Change Addition 6,111116 TITLE 6,2 NAME NAME

6:3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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 logal 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.

STREET ADDRESS