

FILED

99 MAY 28 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/22/18

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P960000792191. Corporation Name
BIG STEVE, INC.

Principal Place of Business

**423 CLEVELAND STREET #4
CLEARWATER FL 34615**

Mailing Address

**423 CLEVELAND STREET #4
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1996

4. FEI Number

59-3403943

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing ☐**\$5.00** Additional Fee8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**BLOM, STEVEN D
423 CLEVELAND STREET #4
CLEARWATER FL 34615**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E-Registered Agent signatures required when renewing)

President**4/26/99**

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-STATE-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-STATE-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-STATE-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-STATE-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with all other like empowered.

SIGNATURE:

STEVEN D. BLOM**727-442-3766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

6/4/99
(u)