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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700008542 (7)

BIGGS SERVICES INC.

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2220 EL CERITO CT 2220 EL CERITO CT PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1997 4. FEI Number 2a. Mailing Address Applied For 1368 Jacana CT Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BIGGS, CHARLES H 2220 EL CERITO CT PUNTA GORDA FL 33950 83 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. DATE (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Director - Vice Presiden DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE Charles It Biggs 1.2 NAME NAME **32E034** STREET ADDRESS 1368 Jacana 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TIT? F 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITI F 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 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:

There H. U. BFOUIRED Director

1/22/98 941505 0393