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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023590 (7)

FILED Jul 06 1998 8:00am Secretary of State

BIG OAR (NYESTMENTS, INC.				
Principal Plac	ce of Business	Mailing Address		
1835 S KINGWAY-DR.		1835 S KINGWAY DR.		
DELTONA FL 32786		DELTONA FL 32738		
				DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualified
Brigging I	Olana of Business	T. B Mailing Androon		03/11/1997
<u> </u>	Place of Business 5 5. Kimway Dz	26. Mailing Address 26. Po Box	4121	4. FEI Number 3507316 Applied For Not Applicable
21 / 5 5 Suite, Apt.		Suite, Apt #, etc.	7121	State State
22		27		5. Certificate of Status Desired Fee Required
City & Stat	le,	City & State	ا ہے	6. Election Campaign Financing \$5.00 May Be
23 De	TONA FI	28 Enterpris		Trust Fund Contribution Added to Fees
Zip	Country	<i>7</i> φ	Country	8. This corporation owes or has paid the current year Intangible
24 327	138 25 USA	·	o USA	Personal Property Tax due June 30. Yos No
<u> </u>	9. Name and Address of Current	Hegistered Agent	B1 Name	10. Name and Address of New Registered Agent
CLEMENTS, CALL IT				Derek Clements
1835 S KINGWAY DR.			82 Street Add	dress (P.O. Box Number is Not Acceptable)
DELTONA FL 32738			83	1000 D. KINGWAY DUC.
				1)e1
İ	^		84 City	PHONA FI 85 ZIP Code
44 Durayant	to the provisions of Continue 607 0103	and 607 1609. Florida Statulos	the above pared as	32788
11. Pursuant to the provisions of Soctions 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 being in the Syste of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar vivin, and occuping purpose of, Section 607,0505, Florida Statutes.				
agent. I am langulat Vivi, and accopil the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Standare, typed or printed name of registered agent	acid offert applicable (NOTE:	Registered Agent signature req	suired which reinstation) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE	President. Change Addition
NAME			12 NAME	Call H. Clements
STREET ADDRESS			1.3 STREET ADDRESS	183 < 5. KiNGWAY DR.
CITY-ST-ZIP			1.4 C(TY - ST - ZIP	Sel towa F(327 38
TITLE		DELETE	2.1 TITLE	Vice President. Change Addition
NAME			2.2 NAME	Decek H. Clements
STREET ADDRESS	~		2.3 STHEET ADDRESS	1635 S. KINGWAY DR.
CITY-ST-ZIP		·	2. 4 CITY - ST - ZIP	Del FUNA F(32788
TITLE		☐ DELETE	3.1 โ∉โ€	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE	1	DELETE	4 1 TITLE	Change
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+ST-ZIP		Periete	4.4 CITY - ST - ZIP	
TITLE	· ·	[] DELETE	5.1 TOTLE	☐ Change ☐ Addition
NAME	,		5 2 NAME	75
STREET ADDRESS			5 3 STREET ADDRESS	7.6
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	•	☐ DECEIE	6.1 TrillE	Lichange Lipage (Lipage Cipage Lipage)
NAME			6.2 NAME	600002581106 -07/07/9801010010
STREET ADDRESS	1		6.3 STREET ADDRESS	**#158.75
CITY-ST-ZIP	portify that the information purelled with	this Glina does not oursity for	6.4 CITY - ST - ZIP	in Section 119.07/3Vi). Florida Statutos, Liurther certify that the information

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 informatio indicated on this annual report or suppliemental 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.

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