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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048791 (2)

BIG D CONSTRUCTION, INC.

Principal Place of Business Mailing Address					(1964) 261 112 (2011)
		1525 MAPEL DR.			
FORT MYERS FL \$3907		FORT MYERS FL 33907			DO NOT WRITE IN THIS SPACE
	- .				3. Date Incorporated or Qualified
	<u>-</u>				06/02/1997
2. Principal Place of Business		2a. Mailing Address			4, FEI Number Applied For
21		26			V 9-3453477 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Regulated
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	у	B. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🔲 No
	g. Name and Address of Curr	ent Registered Agent		41	10. Name and Address of New Registered Agent
	ARTT, DAVID		8	1 Name	ne
	5 ELLICOTT CIRCLE		8:	2 Stree	eet Address (P.O. Box Number is Not Acceptable)
PC	ORT CHARLOTTE FL 33938		8	1	
			Ľ		
]			8	City	FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the abo	ve-name	ned corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was a	authorized t	by the co	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered		<u>-</u>	gent signatu	ature required when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	HARTT, DAVID	Las percet	1.2 NAME		
STREET ADDRESS				Et address	ess
CITY-ST-ZIP	PORT CHARLOTTE FL 3393	18-0077	1.4 CITY		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STRE	ET ADDRESS	SS
CITY-ST-ZIP			2. 4 CITY		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS				ET ADDRESS	SS
CITY-ST-ZIP TITLE	DELETE		3.4. CITY 4.1 TITLE		Change Addition
NAME		Precis	4. 2 NAM		
STREET ADDRESS				- Et address	ess
CITY-ST-ZIP			4.4 CITY-		
TITLE	<u> </u>	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAMI		
STREET ADDRESS			5.3 STRE	ET ADDRESS	ss
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

FILED

Apr 16 1998 8:00am

Secretary of State