


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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90144 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000048791					
1. Corporation Name BIG D CONSTRUCTION, INC.					
Principal Place of Business 1525 MAPEL DR. FORT MYERS FL 33907			Mailing Address 1525 MAPEL DR. FORT MYERS FL 33907		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/02/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3453475	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HARTT, DAVID 795 ELLICOTT CIRCLE PORT CHARLOTTE FL 33938			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 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 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. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME HARTT, DAVID					
STREET ADDRESS 795 ELLICOTT CIRCLE					
CITY-ST-ZIP PORT CHARLOTTE FL 33938-0077					
1.2 NAME <input type="checkbox"/> DELETE					
STREET ADDRESS					
CITY-ST-ZIP					
1.3 NAME <input type="checkbox"/> DELETE					
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1.4 NAME <input type="checkbox"/> DELETE					
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1.9 NAME <input type="checkbox"/> DELETE					
STREET ADDRESS					
CITY-ST-ZIP					
1.10 NAME <input type="checkbox"/> DELETE					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 April 1999 941 6257527