

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90012 018 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000011402
 1. Corporation Name
BIG BEN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 4275 SOUTHSIDE BOULEVARD 4275 SOUTHSIDE BOULEVARD
 UNIT 4 UNIT 4
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
02/04/1998
 4. FEI Number **59-3502570** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **113 Lamplighter Lane**
22 City & State **27** Suite, Apt. #, etc.
23 City & State **28** **Ponte Vedra Beach, FL**
24 Zip **25** Country **29** **32082** **30** Country

9. Name and Address of Current Registered Agent
COLEMAN, BENJAMIN L
4275 SOUTHSIDE BOULEVARD
UNIT 4
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
113 Lamplighter Lane
83
84 City **Ponte Vedra Beach** **85** Zip Code **FL 32082**

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 *Benjamin L. Coleman* DATE **7/12/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLEMAN, KRISTA J	
STREET ADDRESS	4275 SOUTHSIDE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	COLEMAN, BENJAMIN L	
STREET ADDRESS	113 LAMPLIGHTER LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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. **Benjamin L Coleman**

SIGNATURE: *Benjamin L. Coleman* DATE: **7/12/99** (904) 273-5127

CR2E034 (5/99)

BIG BEN INC.

113 Lamplighter Lane
Ponte Vedra, Fl. 32082

P98000011402
591312-90012-18

July 13, 1999

Divisions of Corporations

Annual Reports Filings P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sir or Madam:

The office of Big Ben Inc. has no record of receiving a notice to file the profit corporation annual report. Therefore, we humbly request that you waive the 400-dollar penalty assessed to Big Ben Inc. We also request that future correspondence be sent to our mailing address 113 Lamplighter Lane Ponte Vedra, Fl. 32082, instead of our principal place of business.

Sincerely,

A handwritten signature in black ink, appearing to read "Ben Coleman", written over a horizontal line.

Ben Coleman
Vice President