

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).

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.

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90012 018 ***550.00



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

Mailing Address
**4275 SOUTHSIDE BOULEVARD
UNIT 4
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

113 Lamplighter Lane
Ponte Vedra Beach, FL
32082

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

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/99

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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", with a large, stylized initial "B" and a long, sweeping horizontal stroke extending to the right.

Ben Coleman
Vice President