


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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P98000042902</u>					
1. Corporation Name <u>BIG CATS, INC.</u> <u>523 RALPH ST.</u> <u>ORANGE PARK, FL 32073</u>					
Principal Place of Business		Mailing Address <u>523 RALPH ST.</u> <u>ORANGE PARK, FL 32073</u>			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21	Suite, Apt. #, etc.	26	<u>523 RALPH ST.</u>	<u>59-3512264</u>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	<u>ORANGE PARK, FL</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	<u>32073</u>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<u>MARGARET A. FERGUSON</u> <u>523 RALPH ST.</u> <u>ORANGE PARK, FL 32073</u>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 <u>Margaret A. Ferguson</u> (NOTE: Registered Agent signature required when reinstating) <u>July 23, 1999</u>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE					
12 NAME <u>DV</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.3 STREET ADDRESS <u>HERNANDEZ, MEREDITH A</u>					
1.4 CITY-ST-ZIP <u>P.O. Box 24668</u>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					

FILED

98 JUL 26 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/22/99 90236 009 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
<u>5/10/98</u>	
4. FEI Number	Applied For
<u>59-3512264</u>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 Margaret A. Ferguson

(NOTE: Registered Agent signature required when reinstating)

July 23, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME <u>REED, KATHY F.</u>		12 NAME <u>HERNANDEZ, MEREDITH A</u> <input checked="" type="checkbox"/> DELETE	
1.3 STREET ADDRESS <u>DENMARK DR.</u>		1.3 STREET ADDRESS <u>P.O. Box 24668</u>	
1.4 CITY-ST-ZIP <u>ORANGE PARK, FL 32073</u>		1.4 CITY-ST-ZIP <u>JACKSONVILLE, FL 32241 4668</u>	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <u>DVS</u>		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS <u>FERGUSON, MARGARET A</u>		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.4 CITY-ST-ZIP <u>523 RALPH ST.</u>		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.5 CITY-ST-ZIP <u>ORANGE PARK, FL 32073</u>		2.5 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME <input type="checkbox"/> DELETE		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE		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. 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, with all other like empowered.

SIGNATURE: Margaret A. Ferguson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

Date

(904) 278-7660

Daytime Phone #

CR2E034 (11/98)