

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90264 017 ***150.00

DOCUMENT # P98000062744

1. Corporation Name
BIG GAME CLASSICS, INC.

Principal Place of Business
17771 NORTH TAMiami TRAIL
NORTH FT MYERS FL 33903

Mailing Address
17771 NORTH TAMiami TRAIL
NORTH FT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1998

4. FEI Number
65-0833231

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional...
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

JACK C. LEE

82 Street Address (P.O. Box Number is Not Acceptable)

17771 N. TAMiami TRAIL

83

84 City

N. FT. MYERS

FL

85

Zip Code

33903

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

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

DIRECTOR JACK C. LEE

4-25-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
NAME JUNKIN, DWIGHT L
STREET ADDRESS 17771 NORTH TAMiami TRAIL
CITY-ST-ZIP NORTH FT MYERS FL 33903

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VD
NAME FERREIRA, LOUIS
STREET ADDRESS 17771 NORTH TAMiami TRAIL
CITY-ST-ZIP NORTH FT MYERS FL 33903

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

S
NAME JUNKIN, ROBIN D
STREET ADDRESS 17771 NORTH TAMiami TRAIL
CITY-ST-ZIP NORTH FT MYERS FL 33903

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

T
NAME FERREIRA, LINDA A
STREET ADDRESS 17771 NORTH TAMiami TRAIL
CITY-ST-ZIP NORTH FT MYERS FL 33903

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Dwight L Junkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0439489