

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000100775

1. Entity Name
BIG JIM MIDGETT SCHOLARSHIP CORPORATION



Principal Place of Business
611 CHARLOTTE STREET
PUNTA GORDA, FL 33950

Mailing Address
611 CHARLOTTE STREET
PUNTA GORDA, FL 33950



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0977349

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHIRLEY, KEVIN C
128 E. OLYMPIA AVE., SUITE 304
PUNTA GORDA, FL 33950

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000091419
03/18/04-80008-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRY, JIM
STREET ADDRESS	5450 WILLIAMSBURG DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	D
NAME	MIDGETT, BILL
STREET ADDRESS	7515 RIVERSIDE DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/04

941-639-6688