## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORFORATIONS

1996

141

DOCUN 1. Corporation	MENT # \$173	37 (4)				
BIG *E	B" CONTRACTORS, INC.					
Principal Place of	of Business	Mailing Address			PUBLICATION CONTRACTOR STOP CONTRACTOR STOP	
311 ROSS F	ROAD EE FL 32310	311 ROSS ROAD TALLAHASSEE FL 3	2310			
				3. Date Incorporated or Qualified 12/10/1990	3a. Date of Last Report 06/09/1995	
		2a. Mailing Address		4. FEI Number	Applied For Not Applicable	
<u></u>		Suite, Apt. #, etc.		59-3037046	\$8.75 Additional	
Suite, Apt. #, etc. 22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for in		
24	25	29	30	Florida Statutes Yes  10. Name and Address of New Re		
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Ae	gistered Agent	
					\	
BROWN, RUSSELL S 311 ROSS RD			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
	JSS NO HASSEE FL 32310		83	83		
IALLAI	NASSEE PL 32310		04 04		<b>85</b> Zip Code	
			<b>84</b> City		FL   1	
or registere familiar wit	ed agent, or both, in the State of Ho h, and accept the obligations of, Se	orida. Such change was authori oction 607.0505, Florida Statute	s.	orporation submits this statement for the purp board of directors. I hereby accept the appoi	interior de registeres tigenti i em	
	Signature, typed or printed name of registered ag		OTE: Registered Agent signature  13.	required when reinstating?  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
12.	r	ND DIRECTORS	1 1 TITLE	ADDITIONS/GIANGES TO GIVE	Change Addition	
THILE NAME	DVT Brown, Russell S.	beceive	1.2 NAME		_	
STREET ADDRESS	311 ROSS ROAD		1.3 STREET ADORESS			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY - ST - 2IP			
1011	INCOME TO	☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition	
NAME			2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CHY+ST-ZIP		ET O	
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELFTÉ	3 4 CITY - ST - ZIP 4. 1 TITLE		Change Addition	
TITLE			4.2 NAME			
NAME PROFEST ADOPTION			4.3 STREET ADDRESS			
STREET ADDRESS CHY-ST-7.P			4.4 CITY-ST-7IP			
TITLE		☐ DÉLETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CITY-ST-7IP			
THILE		☐ DELETE	6 1 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ACORESS			
CHY-ST-ZiP	<u> </u>		6 4 CITY - ST - ZIP	golds for the averaging stated in Section 1191	07(3)(k) Florida Statutes I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. SIGNATURE: Kinell & B B- /RUSSE// S. BROWN U.P. 4/16/-96 878-8758
PRINTED NAME OF SIGNING OFFICER OR DIAECTOR