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95 FEB 10 AM 8:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19641 (7)
1. Corporation Name
BIGGS REALTY & ASSOCIATES, INC.

Principal Place of Business Mailing Address
31 HIGHWAY 17 - 92 DEBARY FL 32713 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/14/1990** 3a. Date of Last Report **01/21/1994**
4. FEI Number **59-3040578** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **31 Hwy 17-92** 26 **31 Hwy 17-92**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State **DeBary, FL** 28 City & State **DeBary, FL**
24 Zip **32713** 25 Country **USA** 29 Zip **32713** 30 Country **USA**

9. Name and Address of Current Registered Agent
**BIGGS, DEBORAH G.
31 HIGHWAY 17 - 92
DEBARY 32713**

10. Name and Address of New Registered Agent **In Process**
81 Name **Debbie's Realty Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **Same**
83
84 City **Same** FL 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 *Deborah G. Biggs* DATE
(Signature, typed or printed name of registered agent and title if applicable. (DATE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, DEBORAH G.	1.2 NAME	McDowell, Deborah G
STREET ADDRESS	929 U.S. HIGHWAY 17/92	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, DEBORAH G	2.2 NAME	
STREET ADDRESS	31 HIGHWAY 1792	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 resolver 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 *Deborah G. Biggs* *President* *McDowell* **1-24-95** **407 668-8651**
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)