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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$74709

141

BIG CA	NOE, INC.							
Principa' Place of Business Mailing Address				····	- I DEBINBUL ON JOON BURKN ABON ATMA I	TEL GIBII DEDII	i Tildat Bebek Madit I	AIQII 1001
P. O. BOX 727 CRESTVIEW FL 32536-0727 P. O. BOX 727 CRESTVIEW FL 32536-0727								
					3. Date Incorporated or Qualified 08/19/1991		Date of Last Re 5/01/1996	eport
Principal Place of Business 21		2a. Mailing Address		4. FEI Number 59-3163400		├	pplied For of Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A	Additional	
City & State		City & State		6. Election Campaign Financing		\$5.00		
23 Zip	Country	Zip Country		Trust Fund Contribution				
24	25 29 30		30		Florida Statutes 🗶 Yes 🗌 No			
9. Name and Address of Current Registered Agent CAPENIFER CURIO 81					10. Name and Address of New I	Registered	Agent	
CADENHEAD, CHRIS 420 EAST PINE STREET			82		trace (P.O. Boy Mumber is Not Accen	tablo)		
CRESTVIEW FL 32538				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				<u> </u>	- was a second of the second o			
			64			FL	85 Zip (
office or agent La	to the provisions of Sections both, in the Statem familiar with, and accept the obli- am familiar with, and accept the obli-				poration submits this statement for the stion's board of directors. I hereby acc aired when reinslating)	purpose to	pointment as	registered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	-ICERS AN		
THE	PVST HARRIS, GEORGE DANA D	[] DELETE	1.1 Title	:			Change	Addition
NAM? STREET ADDRESS	420 E. PINE STREET		1.2 NAME 1.3 STREE	T ADORESS				
CITY ST ZIP	CRESTVIEW FL		1.4 CITY-	j			_	
THEF	V	☐ DELETE	2 1 TITLE		11112 1 1112 1 11111		Change	Addition
NAMÉ	CADENHEAD, CHRIS		2.2 NAME					
STREET ADDRESS	420 E. PINE STREET CRESTVIEW FL		4	T ADDRESS				
CITY-ST ZIP	ONEOTHER TE	DELETE	2. 4 CITY 3.1 TITLE	- 51 - ZIP			Change	Addition
NAM ²			3.2 NAME					
STREET ADDRESS			3.3 STAEE	T ADDRESS				
CITY - ST - ZIP		☐ DELETE	3.4 CITY-	ST-ZIP			Change	Addition
11TLF NAMI			4.1 TITLE 4.2 NAMI	:			L Gridinge	Monitory
STREET ADDRESS				T ADDRESS				
COLVEST 20F			4.4 CiTY-					
THE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
City - SI - 7IP		☐ DELETE	5.4 CITY- 6.1 TiTLE	DI-ZIP		nu	Change	Addition
NAME			6.2 NAME				_ •	
STREET ATIGGRESS				T ADDRESS				

64 CITY-ST-ZIP 14. To 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 of the corporation or on an attachment with an address.

SIGNATURE:

EDANAED DOODLE MARKETS OF PRESIDERT

(904)650-4550

FILED

May 19 1997 8:00am

Secretary of State

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