

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

DOCUMENT # S74709

1. Corporation Name
BIG CANOE, INC.

Principal Place of Business

P. O. BOX 727
CRESTVIEW FL 32536-0727

Mailing Address

P. O. BOX 727
CRESTVIEW FL 32536-0727

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 019 ***572.50



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1991

4. FEI Number

59-3163400

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 977 S. FERDON BLVD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 CRESTVIEW, FL

28
City & State

24 32536 **25 USA**

29 **30**
Zip Country

9. Name and Address of Current Registered Agent

CADENHEAD, CHRIS
420 EAST PINE STREET
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name
DOODLE HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)
977 S. FERDON BLVD

83

84 City
CRESTVIEW

85 Zip Code
FL 32536

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

GEORGE DANA DOODLE HARRIS, PRESIDENT 4/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE
NAME **HARRIS, GEORGE DANA D**
STREET ADDRESS **420 E. PINE STREET**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **V** ☐ DELETE
NAME **BARTON, PETER J**
STREET ADDRESS **420 E PINE AVENUE EAST**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PST** ☒ Change ☐ Addition
1.2 NAME **GEORGE DANA DOODLE HARRIS**
1.3 STREET ADDRESS **977 S. FERDON BLVD**
1.4 CITY-ST-ZIP **CRESTVIEW, FL 32536**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **PETER J. BARTON**
2.3 STREET ADDRESS **2657 E. COUNTY HWY 30-A**
2.4 CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/28/99

(850)682-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)