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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BIG SKY FARM, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Maiting Address 25405 SW 182 AVE 25405 SW 182 AVE HOMESTEAD FL 33031 HOMESTEAD FL 33031 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0329982 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip 30 Personal Property Tax due June 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 25405 SW 182 AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33031 83 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE ■ Addition TITLE HESS, R. DON 1.2 NAME NAME 25405 S.W. 182TH AVE STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE THOMAS, CHERYL J. 2.2 NAME NAME 25405 S.W. 182TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. Thereby 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 suppliemental annual reports a use 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 of the receiver or trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changon or or an artistic production of the corporation of Block 12 or Block 13 if change

SIGNATURE:

305 667 5554