FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:55

DOCUMENT # **H78946** (1)

1. Corporation Name

BIG SKY FLAKES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 833 GULF BREEZE FL 32562-0833	P.O. BOX 833 GULF BREEZE FL 32562-0833

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/02/1985	05/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

4. FEI Number: 59-2948714 ☐ 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

9. Name and Address of Current Registered Agent

CRITTENDEN, JAY
8333 N. DAVIS ST
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: McPhail RON
82 Street Address (P.O. Box Number is Not Acceptable): 2477 TRONJO Terrace
83
84 City: Pensacola FL 85 Zip Code: 32503

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: X R.C. McPhail R.C. McPhail
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	CRITTENDEN, JAY	12 NAME	McPhail, RON	
STREET ADDRESS	8909 BURNING TREE RD.	13 STREET ADDRESS	2477 TRONJO Terrace	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola, Fla 32503	
TITLE	TD	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	MCPHIL, RON	22 NAME	Ewing, Ralph	
STREET ADDRESS	2477 TRONJO TERR.	23 STREET ADDRESS	2100 Rhealwatton Rd	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Gulf Breeze, Fla 32561	
TITLE	SD	31 TITLE	Treasurer	☒ Change ☐ Addition
NAME	OLSEN, NECIE	32 NAME	Mills, Patricia	
STREET ADDRESS	212 PINETREE DR.	33 STREET ADDRESS	9655 Benlah Road	
CITY-ST-ZIP	GULF BREEZE FL	34 CITY-ST-ZIP	Pensacola, Fla 32526	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Patricia Mills Patricia Mills, Treas 4/24/95 904 944 3296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

039220 CP