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May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 10/02/1985
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 PO BOX 15253
22 Suite, Apt. #, etc.
23 City & State: GULF BREEZE FLORIDA
24 Zip: 32534
25 Country: USA

2a. Mailing Address
26 PO BOX 15253
27 Suite, Apt. #, etc.
28 City & State: GULF BREEZE FLORIDA
29 Zip: 32534
30 Country: USA

4. FEI Number: 59-2948714 ☐ Applied For ☒ Not Applicable X

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 X

9. Name and Address of Current Registered Agent
MCPHAIL, RON
2477 TRONJO TERRACE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent
81 Name: EWING, RALPH H JR.
82 Street Address (P.O. Box Number is Not Acceptable): 9 FAIRPOINT PLACE
83
84 City: GULF BREEZE FL 85 Zip Code: 32561

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 Ralph H. Ewing Jr., Pres. DATE: May 9, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MCPHAIL, RON		1.2 NAME	EWING RALPH H. JR	
STREET ADDRESS	2477 TRONJO TERRACE		1.3 STREET ADDRESS	9 FAIRPOINT PLACE	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☒ Addition
NAME	EWING, RALPH		2.2 NAME	CRITTENDEN, LETA	
STREET ADDRESS	2100 RESERVATION RD		2.3 STREET ADDRESS	8909 BURNING TREE ROAD	
CITY-ST-ZIP	GULF BREEZE FL		2.4 CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	T	☒ DELETE	3.1 TITLE	SECT/TR	☒ Change ☐ Addition
NAME	MILLS, PATRICIA		3.2 NAME	EWING, WANDA	
STREET ADDRESS	9655 BEULAH RD		3.3 STREET ADDRESS	9 FAIRPOINT PLACE	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: X Ralph H. Ewing President Ralph H. Ewing Jr. 5-9-97 (904)494-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491035