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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 15253 PENSACOLA, FL 32534-5253	P.O. BOX 15253 PENSACOLA, FL 32534-5253

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/2/1985

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 15253	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PENSACOLA, FL	28 City & State
24 Zip: 32534 25 Country: USA	29 Zip 30 Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRITTENDEN, JAY 8333 N. DAVIS ST PENSACOLA FL 32514	81 Name: EWING, Ralph Harold Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 1216 Parasol Place 83 84 City: Pensacola FL 85 Zip Code: 32507-9668

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: Ralph H. Ewing Jr. President, Ralph H. Ewing Jr. 3-13-98
Signature, typed or printed name, and capacity or 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ ~~RALPH H EWING SR~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P- PRESIDENT EWING, Ralph H. Jr. 1216 Parasol Place Pensacola, FL. 32507-9668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ ~~EWING, RALPH H JR~~ ~~1216 PARAGON PLACE~~ ~~PENSACOLA, FL 32507-9668~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/T EWING, Wanda H 1216 Parasol Place Pensacola, FL. 32507-9668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VICE PRESIDENT~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700002463891 -03/20/98--01034--019 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Wanda H. Ewing, Wanda H. Ewing Sec/Treas 2-16-98 850 492 1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #