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

05-04-1999 90090 032 ***150.00
FILED H78946
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 26 PM 2:44

DOCUMENT # H78946

1. Corporation Name
BIG SKY FLAKES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 15253 PENSACOLA FL 32534 US	P.O. BOX 15253 PENSACOLA FL 32534 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1985

2. Principal Place of Business 21 PO Box 15253	2a. Mailing Address 26 PO Box 15253
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip / Country 24 32514 25 Escambia	Zip / Country 29 32514 30 Escambia

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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EWING, RALPH H JR
1216 PARASOL PLACE
PENSACOLA FL 32507-9668

10. Name and Address of New Registered Agent

81 Name: PHILLIPS, DANIEL
82 Street Address (P.O. Box Number is Not Acceptable): 8866 Scenic Highway
83
84 City: Pensacola FL 85 Zip Code: 32514

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] 7-23-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	EWING, RALPH H JR	1.2 NAME	PHILLIPS, DANIEL
STREET ADDRESS	1216 PARSOL PLACE	1.3 STREET ADDRESS	8866 Scenic Highway
CITY-ST-ZIP	PENSACOLA FL 32507-9668	1.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	ST ☒ DELETE	2.1 TITLE	S/T ☒ Change ☐ Addition
NAME	EWING, WANDA	2.2 NAME	PHILLIPS, CAMILLE
STREET ADDRESS	1216 PARASOL PLACE	2.3 STREET ADDRESS	8866 Scenic Highway
CITY-ST-ZIP	PENSACOLA FL 32507-9668	2.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 (11/98)

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 4-27-99 (850) 969-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Camille Phillips