FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # J53233 In Sky, Inc.	3 (9)				8 3 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address						B 0 1 1	
1001 BLUFF ROAD 1001 BLUFF ROAD APALACHICOLA FL 32320			0-1113				
						1	
					3. Date Incorporated or Qualified 01/20/1987	3a. Date of Last Report 03/07/1996	
2. Principal Pl	ncipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26					59-2799630	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
City & State	City & State	ata			Fee Required		
23 City & State)	├ ─ '	¬ '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28	Country		This corporation has liability for it		
24	25	29	30			Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	OMPSON, CHARLES A.		81	Name			
	1 BLUFF ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptab	s Not Acceptable)	
APA	LACHICOLA FL 32320		83	<u> </u>			
			03				
			84	Crty		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607,050 egistered agent, or both, in the State of femiliar with, and accord the oblige	02 and 607.1508, Florida Statu of Florida Such change was ations of Section 607.0505. F	ites, the abov authorized by	l e-named corp y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep		
SIGNATURE	minamiliar with, and accept the oring	and its of, special too 7,0000, t	ionda diame	э.			
	Signature, typed or printed name of registered agr			ent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	THOMPSON, CHARLES A.		1.1 THLF			Change Addition	
STREET ADDRESS	1001 BLUFF ROAD		1.2 NAME 1.3 STREET	Appetee			
CITY-ST-ZIP	APALACHICOLA FL		1.4 CITY - S				
TITLE	DETETE		21 TITLE	21 - 711.		Change Addition	
NAME	THOMPSON, FAYE S.	_	2 2 NAME				
STREET ADDRESS	1001 BLUFF ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	APALACHICOLA FL		2.4 CITY-	2. 4 CITY-S1-ZIP			
TITLE	☐ DELETE		31 TITLE		V	☐ Change ☐ Addition	
NAME							
STREET ADDRESS			3 3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	S1 - ZIP			
TITLE		DÉLETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE 51 NILE		SI - ZIP		Change Addition	
NAME			5.2 NAME			C energy C Madition	
STREET ADDRESS			5.3 STREET	AUUBESS			
CITY-ST-ZIP			5.4 D(1Y-5				
TITLE			61 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS	STREET ADDRESS		63 STREET	ADDRESS			
OTT OF 310							

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.

FILED

Apr 24 1997 8:00am

Secretary of State