

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000053211 (5)

1. Corporation Name

HIGH IN THE SKY ELECTRIC & SIGN SERVICE, INC.



Principal Place of Business

Mailing Address

112 WISE AVE  
APT. 5  
MCEVILLE FL 32578

POST OFFICE BOX 726  
VALPARAISO FL 32580-0726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

59-3322264

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

WHITNEY, BOBBY L JR  
1201 EGLIN PARKWAY  
SHALMAR FL 32579

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COLBY, MICHAEL E  
STREET ADDRESS P.O. BOX 726 N/A  
CITY-ST-ZIP VALPARAISO FL 32580 ☐ DELETE

TITLE D  
NAME COLBY, PAMELA  
STREET ADDRESS P.O. BOX 726 N/A  
CITY-ST-ZIP VALPARAISO FL 32580 ☐ DELETE

TITLE D  
NAME COLBY, PAMELA  
STREET ADDRESS P.O. BOX 726 N/A  
CITY-ST-ZIP VALPARAISO FL 32580 ☒ DELETE

TITLE D  
NAME FOSTER, DOUG  
STREET ADDRESS P O BOX 726 N/A  
CITY-ST-ZIP VALPARAISO FL ☐ DELETE

TITLE C  
NAME COLBY, EDWARD L  
STREET ADDRESS 151 CALHOUN  
CITY-ST-ZIP DESTIN FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME COLBY MICHAEL E  
1.3 STREET ADDRESS P.O. BOX 726 N/A  
1.4 CITY-ST-ZIP VALPARAISO FL 32580 ☒ Change ☐ Addition

2.1 TITLE C  
2.2 NAME COLBY PAMELA M  
2.3 STREET ADDRESS P.O. BOX 726 N/A  
2.4 CITY-ST-ZIP VALPARAISO FL 32580 ☒ Change ☐ Addition

3.1 TITLE VP FINANCE  
3.2 NAME MEYERS, GLENN  
3.3 STREET ADDRESS P.O. BOX 726 N/A  
3.4 CITY-ST-ZIP VALPARAISO FL 32580 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 owner 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:

*[Signature]*

3-23-98 850-729-0025

CR2E034 (10/97)