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

PROFIT GORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$\partial 97000091665 (4)

BIG SKY THREE CORP.

Principal	Place of	Business

Mailing Address

•									
								· · · ·	
							THIS SP	ACE	
					3. 0	ate Incorporated or Qualifed	1		
2. Drivers of Phone of Phones		2a Mailing Address			A F6	El Number		T And	Died For
2. Principal Place of Pusibess	V\ 1	2a. Mailing Address	/ A	VE.		93-498280		<u> </u>	Applicable
Suite, Apt. #, etc.	CK HVE	Suite_Apt. #. etc.	~ / <u>1</u>	· · ·				\$8.75 A	
22 SUITE #	5	27 SUITE #	5		5. C	ertifcate of Status Desired		Fee Red	
City & State		City & State	?		6. EI	ection Campaign Financing		\$5.00	May Be
23 URANGE H	Ank, ML	28 CHOCHER	ank	, ru	I	ust Fund Contribution		Added to	, I
Zip	Country	Zip	Cou	ntry.—	8. Th	nis corporation owes the cu			
24 3 2073 25	CLAY	29 32013	30 (LAY		ersonal Property Tax.			M No
9. Name and	Address of Current I	Registered Agent	~	· ·	10. N	ame and Address of New	Registered Age	ent	
				81 Name	LOOMA	NJ. YETTIGI	LEW SN		
				82 Street A	ddress (P.O.	Box Number is Not Accep	iable)		
				83	65	EA-CATS DA	7		
				03					
				84 City	2 1	ENA BEACH	FL	85 Zip C	081
11. Pursuant to the provisions	of Spetions 607 0502	and 607 1508 Florida Statut	e the a	anyo namad o	ONTE V	shmite this statement for the	nurnose of cha	anging its r	registered
office or registered agent i	or no in in ine State of	Florida. Such change was a one of, Section 607.0505, Florida.	JIDONIZ P O	OV THE CORRE	ration's board	of directors, Thereby acce	prine appoinin	ent as reg	istered
SIGNATURE	·		MAN		(16RE)	8	~ 17-99 DATE		}
Signature, typed or prin	nted name of registered egent a	Indition if applicable. (NOTE:	Registered	Agent signature req	quired when reins				
12.	OFFICERS AND		13.		AD	DITIONS/CHANGES TO O			RS IN 12
THE TRUESID	EMT	☐ DELETE	1.1 TIT				L.] Change	L Addition
NAME KODY	INT. PETTIC	, 112 °C	1.2 NA						
STREET ADDRESS	JESSA BASA	4, Fc. 32082		REET ADDRESS					
	VESICA UERO	DELETE	_	Y-ST-ZIP				Change	Addition
TITLE			2.1 TIT				L	1 onunge	
NAME			2.2 NA	ļ					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TIT	TY-ST-ZIP				Change	Addition
NAME = ===============================			3.2 NA				_	ŭ	_
STREET ADDRESS				REET ADDRESS					Ì
CITY-ST-ZIP				TY-ST-ZIP					}
TITLE		☐ DELETE	4.1 TIT] Change	Addition
NAME			4, 2 N/	WE					
STREET ADDRESS			4.3 ST	REET ADDRESS					(
CITY-ST-ZIP			4.4 CFI	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TIT	LE] Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP		<u> </u>			
TITLE	<u> </u>	☐ DELETE	6.1 TIT] Change	☐ Addition
NAME			6.2 NA	ME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



610054-90003-6 P97000091665

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500 June 1,1999

To_whom it may_concern;

We have called about receiving a report form to complete our annual report. We were told to white out the old one and return it with a check for \$ 150.00. Please do not dissolve our corporation. Please also send us a form that we can write on it properly.

Thank you,

Robert W. Pettigrew