FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 4:24
TALLAHASSEE, FLORIDA

DOCUMENT # **N32977** **(3)**

1. Corporation Name
BACK TO NATURE WILDLIFE, INC.

Principal Place of Business	Mailing Address
18515 E. COLONIAL DR ORLANDO FL 32820	18515 E. COLONIAL DR ORLANDO FL 32820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1989**
3a. Date of Last Report: **05/17/1994**
4. FEI Number: **59-2961216** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

SHAW, CARMEN M
18515 E. COLONIA
ORLANDO FL 32820

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☐ Change ☒ Addition
NAME	SHAW, CARMEN M	12 NAME	Keller, David L.
STREET ADDRESS	18515 E. COLONIAL DR.	13 STREET ADDRESS	960 S. Orlando Avenue
CITY-ST-ZIP	ORLANDO FL 32820	14 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	VD +T	21 TITLE	D ☐ Change ☒ Addition
NAME	BORZELLECA, HAZEL M	22 NAME	Gale, David W.
STREET ADDRESS	~~1013 CALICO CREEK DR.~~ 1390 Haven Dr	23 STREET ADDRESS	14790 Burntwood Circle
CITY-ST-ZIP	OVIEDO FL 32765	24 CITY-ST-ZIP	Orlando, FL 32826
TITLE	STD	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	~~GEILER, CAROLE M~~	32 NAME	Jane Wallace
STREET ADDRESS	X ~~200 STORY PARTIN RD.~~	33 STREET ADDRESS	18699 Hewlett rd.
CITY-ST-ZIP	~~ORLANDO FL~~	34 CITY-ST-ZIP	Orlando, FL 32820
TITLE	D	41 TITLE	D ☐ Change ☒ Addition
NAME	SHAW, DAVID	42 NAME	Miller, Carole M.
STREET ADDRESS	18515 E. COLONIAL DR	43 STREET ADDRESS	1910 Eighth Street
CITY-ST-ZIP	ORLANDO FL 32820	44 CITY-ST-ZIP	Orlando, FL 32820
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	X ~~FAUST, DAVID~~	52 NAME	300001491803
STREET ADDRESS	~~202 BITTERWOOD ST.~~	53 STREET ADDRESS	-05/17/95--01141--016
CITY-ST-ZIP	~~WINTER SPRINGS FL~~	54 CITY-ST-ZIP	*****61.25 ☐ Change ☐ Addition
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	X ~~COLBERT, TIMOTHY~~	62 NAME	
STREET ADDRESS	~~10640 E. COLONIAL DR.~~	63 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] , Vice President/Treas. 5/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

007301B