


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43214** (8)

1. Corporation Name

**HELPING OUR WILDLIFE, INC.**

Principal Place of Business

Mailing Address

**6555 EMERALD FOREST DRIVE  
5752 DOVE DR.  
MILTON FL 32570  
US**

**P O BOX 801  
5752 DOVE DR.  
MILTON FL 32572  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/02/1991</b>	3a. Date of Last Report <b>02/13/1996</b>
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4. FEI Number <b>59-3051434</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 <b>4555 EMERALD FOREST DR.</b> Suite, Apt. #, etc. 22 City & State 23 <b>MILTON, FLORIDA</b> Zip 24 <b>32570</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>P O BOX 801</b> Suite, Apt. #, etc. 27 City & State 28 <b>MILTON, FLORIDA</b> Zip 29 <b>32572</b> Country 30 <b>US</b>
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9. Name and Address of Current Registered Agent

**CLEVENGER, PAIGE A.  
6555 EMERALD FOREST DRIVE  
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CLEVENGER, PAIGE A. 6555 EMERALD FOREST DRIVE MILTON FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>VD</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>CLIFTON, TONI L.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>217 WILLBROOK CIRCLE N.E.</b>
TITLE	DTS NOEL, VIRGINIA E. 5613 HEATHER WAY MILTON FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MORGAN, KRISTA 3345 GREENBRIAR COURT APT. C GULF BREEZE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HILL, JIM 531 ELVA STREET MILTON FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CORONET, JOHN DR. 5959 HWT 90 MILTON FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D CLEVENGER, TODD 6555 EMERALD FOREST DRIVE MILTON FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **P. SIGNATURE REQUIRED**

CR2E037 (4/97)