FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -2 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 497873 (0)

1. Corporation Name
GEORGE'S TAXIDERMY, INC.

Principal Place of Business	Mailing Address
4175 N.E. 301 BLVD. FT. DRUM FL 34972 US	PO BOX 1359 FT PIERCE FL 34954 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1976
3a. Date of Last Report: 02/14/1994

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

4. FEI Number: 59-1652449 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOGAN, GEORGE E. JR.
4175 N.E. 301 BLVD.
FT.DRUM FL 34972

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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	HOGAN, GEORGE E JR	1.2 NAME		
STREET ADDRESS	4175 NE 301 BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. DRUM FL	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	HOGAN, ELIZABETH	2.2 NAME		
STREET ADDRESS	4175 NE 301 RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT DRUM FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☑ Change ☐ Addition
NAME	WHEELER, ANITA	3.2 NAME	Wheeler, Greta	
STREET ADDRESS	4175 NE 301 BLVD	3.3 STREET ADDRESS	4175 NE 301 Blvd.	
CITY-ST-ZIP	FT DRUM FL	3.4 CITY-ST-ZIP	Ft. Drum, Fl	
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	WHEELER, WADE	4.2 NAME		
STREET ADDRESS	4175 NE 301 BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. DRUM FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	WHEELER, MICHAEL	5.2 NAME		
STREET ADDRESS	4175 NE 301 BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT DRUM FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	VP	☑ Change ☐ Addition
NAME	MCKEON, CHRISTOPHER J	6.2 NAME	McKeon, Jr., Christopher D.	
STREET ADDRESS	4175 NE 301 BLVD	6.3 STREET ADDRESS	4175 N.E. 301 Blvd	
CITY-ST-ZIP	FT DRUM FL	6.4 CITY-ST-ZIP	Ft. Drum, Fl	

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

SIGNATURE: _____ 2-23-95 813-763-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0463060 FP