

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **674456** (9)

1. Corporation Name:
SAVAGE KINGDOM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 100 CENTER HILL FL 33514	P.O. BOX 100 CENTER HILL FL 33514

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

APPROVED
AND
FILED

MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2254559	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

**BAUDY, ROBERT E
S.R. 48 & BEVILLES CORNER
CENTER HILL FL 33514**

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAUDY, ROBERT E
STREET ADDRESS	HIWAY 48, NEAR BEVILLES CORNER, SUMTER CO.
CITY, ST, ZIP	CENTER HILL FL
TITLE	D
NAME	LEHMAN, LILY L
STREET ADDRESS	LOT 53 A C.R. 647 HOLIDAY HIGHTS SUMTER CO
CITY, ST, ZIP	BUSHNELL FL
TITLE	D
NAME	SCHAFFER, EDWARD DR.
STREET ADDRESS	557 S. COUNTRY CLUB DR.
CITY, ST, ZIP	ATLANTIS FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), Florida Statutes. I further certify that the information indicated on the 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: *Robert E. Baudy* BAUDY ROBERT 5.17.95 904.7932109

SIGNATURE AND TYPED OR PRINTED NAME OF BRINKING OFFICER OR DIRECTOR