

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 763494

(2)

95 APR 27 AM 11:46

1. Corporation Name

WILDLIFE RESCUE INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% BERT ALLEN WAHL, JR 127 W HIAWATHA STREET TAMPA FL 33604		% BERT ALLEN WAHL, JR 127 W HIAWATHA STREET TAMPA FL 33604	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
3. Date Incorporated or Qualified		3a. Date of Last Report	
06/01/1982		05/01/1994	
4. FEI Number		Applied For	
59-2198529		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			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAHL, BERT ALLEN, JR
127 W HIAWATHA STREET
TAMPA FL 33604**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WAHL, BERT ALLEN JR	1.2 NAME	
STREET ADDRESS	127 W HIAWATHA STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	WAHL, KATHRYN	2.2 NAME	
STREET ADDRESS	6905 ELDORADO CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 0	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GENOVAR, LORRAINE	3.2 NAME	
STREET ADDRESS	312 BUNGALOW PARK AVE S.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, JUDY	4.2 NAME	
STREET ADDRESS	2417 S. DUNDEE BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TINGLEY, BILL	5.2 NAME	
STREET ADDRESS	HIGHWAY 52 2 PO BOX 700	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Bert Allen Wahl, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bert Allen Wahl, Jr.

4/1895

(813) 238-0341

Date

Daytime Phone #