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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 21 AM 9:05

DOCUMENT # 823832 (1)

1. Corporation Name
JUNGLE LARRY'S ZOOLOGICAL PARK, INC.

Principal Place of Business	Mailing Address
1590 GOODLETTE RD NAPLES FL 33940 US	316 NORTH COURT STREET MEDINA OHIO 44256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1969
3a. Date of Last Report: 04/13/1994
4. FEI Number: 34-0966117 ☐ 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

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

TETZLAFF, NANCY
1708 SAN BERNADINO WAY
NAPLES FL 33940

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 ______ 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	VSD	1.1 TITLE	☑ Change ☐ Addition
NAME	TETZLAFF, DAVID	1.2 NAME	
STREET ADDRESS	~~2801 MEADOW CT., #101~~	1.3 STREET ADDRESS	251 QUAIL FOREST BLVD. #202
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	TETZLAFF,NANCY	2.2 NAME	
STREET ADDRESS	1708 SAN BERNADINO WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	RAESE, WARREN	3.2 NAME	
STREET ADDRESS	3376 E SMITH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	TETZLAFF, TIM	4.2 NAME	
STREET ADDRESS	2575 SUMMIT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLOMBUS OH	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, STEPHEN	5.2 NAME	
STREET ADDRESS	856 E SMITH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Nancy R. Tetzlaff — 2.20.95 — 813-262-5409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NANCY R. TETZLAFF

0488200 FN