

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
Secretary of State

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 44256-1668

3. Date Incorporated or Qualified 12/12/1969
3a. Date of Last Report 03/04/1996

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TETZLAFF, NANCY
1708 SAN BERNADINO WAY
NAPLES FL 33940

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 date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
TETZLAFF, DAVID
251 QUAIL FOREST BLVD #202
NAPLES FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
TETZLAFF, NANCY
1708 SAN BERNADINO WAY
NAPLES FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
RAESE, WARREN
3376 E SMITH RD
MEDINA OH
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
TETZLAFF, TIM
2575 SUMMIT STREET
COLUMBUS OH
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BROWN, STEPHEN
856 E SMITH RD
MEDINA OH
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 2121 RIVER REACH DR, UNIT 473
1.4 CITY - ST - ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS S841 20TH AVE N.W.
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 2172 44TH TERRACE S.W.
4.4 CITY - ST - ZIP NAPLES, FLA 34116
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 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: *David Tetzlaff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97 216-725-4519
Date Daytime Phone #