PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G31771

1. Corporation Name

THE WILDERNESS CORPORATION

Principal Place	e of Business	Mailing Address						
4116 N. HIGHW	AY 231	4116 N. HIGHWAY 231						
P.O. BOX 2462 PANAMA CITY FL 32402		P.O. BOX 2462 Panama City FL 3 2402 3.24 04					00405	
						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualife	đ		i
					03/29/1983			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21		26			<u>59-2287870</u>			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A		
22					5. Ochanoate of Status Desired		Fee Re	quired
City & State		City & State		6. Election Campaign Financin		\$5.00	May Be	
23		28		Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Count	у	8. This corporation owes the cu	irrent year Inta	ıngible	
24	25	29	30		Personal Property Tax.		☐ Yes	□No
= · ·	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of Nev	Registered A	Agent	
			8	1 Name				
HILT		-		Address (D.O. Bou Niverbooks Not Access	-table)			
4116 HIGHWAY 231		82 S		Street	Address (P.O. Box Number is Not Acce	nable)		
PANAMA CITY FL 32402			8	3				
			آ ا	1				
			8	4 City		FL	85 Zip 0	Code
11 Pursuant	to the provisions of Sections 607 050	02 and 607.1508. Florida Statute	s, the abo	ve-named	corporation submits this statement for the	e purpose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized b	y the corp	oration's board of directors. I hereby acc	ept the appoin	tment as re	gistered
J	in familiar with and assept the oblige	Albita di, Codioni doi iodea i ioni	00 010101	· ·				ļ
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				ent signature	required when reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME	HILTON, L. CHARLES, JR. 124		1.2 NAME					ĺ
STREET ADDRESS	4116 HWY, 231 NORTH		1.3 STRE	ET ADDRESS)
CITY-ST-ZIP			1.4 CITY-	ST-ZIP				
TITLE			2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAMI	:	1			i
				ET ADDRÉSS				ļ
STREET ADDRESS								
CITY-ST-ZIP			2. 4 CITY 3.1 TITLE		CMD		Change	Addition
TITLE	STD	(A) DELETE			STD HUMBLE, NICK			- 7. Markoni
NAME	BENSE, ALLAN G.		3.2 NAM		4116 HWY. 231 NORTH)
STREET ADDRESS	4116 HWY. 231 NORTH			ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	ST-ZIP	PANAMA CITY, FL 32	404		
TITLE	,	☐ DELETÉ	4.1 TITLE		1		Change	☐ Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	•		4.4 CITY	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAMI	i				
STREET ADORESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				į
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM					
INAME					1			
STREET ADDRESS			63 970	ET ADORESS	1			1

14. I 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 truttee 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 of the corporation or the receiver or truttee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIRED IGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90043 027 ***150.00