

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G41513** (4)

1. Corporation Name  
**THE ANIMAL PARK, INC.**

Principal Place of Business  
**5701 GULF BREEZE PKWY  
GULF BREEZE FL 32561**

Mailing Address  
**5701 GULF BREEZE PKWY  
GULF BREEZE FL 32561**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/23/1983</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2304767</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EMMANUEL, ROBERT A. / ATTORNEY AT LAW  
30 SOUTH SPRING ST.  
PENSACOLA FL 32501**

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	CT	1.1 TITLE	D
NAME	POTTER, JAMES M	1.2 NAME	PULLUM, WILLIAM A.
STREET ADDRESS	201 RENTZ AVENUE	1.3 STREET ADDRESS	8495 NAVARRE PARKWAY
CITY-ST-ZIP	PENSACOLA, FL 00000	1.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VS	2.1 TITLE	D
NAME	BIRDWELL, THOMAS ROGERS	2.2 NAME	SWITZER, ROBERT B.
STREET ADDRESS	22 LAKESIDE DRIVE	2.3 STREET ADDRESS	1401 N. TARRAGONA
CITY-ST-ZIP	PENSACOLA FL 32507	2.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D	3.1 TITLE	
NAME	HUCH, RONALD O	3.2 NAME	
STREET ADDRESS	16144 CYPRESS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS GATOS CA	3.4 CITY-ST-ZIP	
TITLE	PMD	4.1 TITLE	
NAME	QUINN, WALTER C	4.2 NAME	
STREET ADDRESS	5701 GULF BREEZE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ROBINSON, PRENTICE I	5.2 NAME	
STREET ADDRESS	8436 GARDEN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DOOLEY, DONALD E	6.2 NAME	
STREET ADDRESS	501 B LIME STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONROVIA CA 91016	6.4 CITY-ST-ZIP	

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 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:

February 4 1998

(850) 932-3220

CP2E034 (10/97)