

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90131 031 ***158.75

DOCUMENT # **G41513**

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

3. Date Incorporated or Qualified

05/23/1983

4. FEI Number

59-2304767

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 owes the current year Intangible
Personal Property Tax.

Yes

X 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

| TITLE | NAME | DELETED |
|----------------|-------------------------|--------------------------|
| CT | POTTER, JAMES M | <input type="checkbox"/> |
| STREET ADDRESS | 201 RENTZ AVENUE | |
| ST-CITY | PENSACOLA, FL 00000 | |
| VS | BIRDWELL, THOMAS ROGERS | <input type="checkbox"/> |
| STREET ADDRESS | 22 LAKESIDE DRIVE | |
| ST-CITY | PENSACOLA FL 32507 | |
| D | HUCH, RONALD O | <input type="checkbox"/> |
| STREET ADDRESS | 16144 CYPRESS WAY | |
| ST-CITY | LOS GATOS CA 95030 | |
| PMD | QUINN, WALTER C | <input type="checkbox"/> |
| STREET ADDRESS | 5701 GULF BREEZE PKWY | |
| ST-CITY | GULF BREEZE, FL 00000 | |
| D | ROBINSON, PRENTICE I | <input type="checkbox"/> |
| STREET ADDRESS | 6436 GARDEN DRIVE | |
| ST-CITY | GULF BREEZE FL 32561 | |
| D | DOOLEY, DONALD E | <input type="checkbox"/> |
| STREET ADDRESS | 501 B LIME STREET | |
| ST-CITY | MONROVIA CA 91016 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | DELETED | ADDITION |
|--------------------|-----------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE | D | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME | SWITZER, ROBERT B. | | |
| 1.3 STREET ADDRESS | 92 HIGHPOINT ROAD | | |
| 1.4 CITY-ST-CITY | GULF BREEZE, FL 32561 | | |
| 2.1 TITLE | D | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME | PULLUM, WILLIAM A. | | |
| 2.3 STREET ADDRESS | 9271 LILGE CIRCLE | | |
| 2.4 CITY-ST-CITY | NAVARRE, FL 32566 | | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | DOOLEY, DONALD E. | | |
| 3.3 STREET ADDRESS | 511 SOUTH FIRST AVENUE #296 | | |
| 3.4 CITY-ST-CITY | ARCADIA, CA 91006 | | |
| 4.1 TITLE | CT | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | POTTER, JAMES M. | | |
| 4.3 STREET ADDRESS | 201 RENTZ AVENUE | | |
| 4.4 CITY-ST-CITY | PENSACOLA, FL 32507 | | |
| 5.1 TITLE | PMD | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | QUINN, WALTER C. | | |
| 5.3 STREET ADDRESS | 5701 GULF BREEZE PARKWAY | | |
| 5.4 CITY-ST-CITY | GULFBREEZE, FL 32561 | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-CITY | | | |

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
WALTER C. QUINN, PRESIDENT/DIRECTOR

April 29, 1999 (850) 932-2229

Date

Daytime Phone #

CR2E034 (11/98)