2000 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # **G41513** THE ANIMAL PARK, INC. 05-10-2000 90146 045 ***158.75 Mailing Address Principal Place of Business 5701 GULF BREEZE PKWY 5701 GULF BREEZE PKWY GULF BREEZE FL 32561-9551 **GULF BREEZE FL 32561** 655522 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2304767 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EMMANUEL, ROBERT A. / ATTORNEY AT LAW Street Address (P.O. Box Number is Not Acceptable) 30 SOUTH SPRING ST. PENSACOLA FL 32501 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CĪ Change ☐ Addition ☐ Delete TITLE TITLE ROBINSON, PRENTICE I POTTER, JAMES M NAME 620 WOODS LANE STREET ADDRESS 201 RENTZ AVENUE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP PENSACOLA FL 32507 XX Addition TITLE ☐ Delete TITLE BIRDWELL, THOMAS ROGERS NAME SWITZER, ROBERT B. STREET ADDRESS 22 LAKESIDE DRIVE STREET ADDRESS 92 HIGHPOINT ROAD CITY-ST-ZIP <> CITY-ST-ZIE PENSACOLA FL 32507 GULF BREEZE, FL 32561 XX Addition ☐ Change ☐ Delete TITI F TITLE PULLUM, WILLIAM A. 9271 LILGE CIRCLE° HUCH, RONALD O NAME NAME STREET ADDRESS 16144 CYPRESS WAY STREET ADDRESS NAVARRE, FL 32566 CITY-ST-ZIP CITY-ST-ZIP LOS GATOS CA XX Change **PMD** ☐ Delete Addition TITLE TITLE BIRDWELL, THOMAS ROGERS QUINN, WALTER C NAME NAME 22 LAKESIDE DRIVE 5701 GULF BREEZE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32507 CITY-ST-7IP **GULF BREEZE FL 32561** Addition ☐ Change ☐ Delete TITLE TITLE ROBINSON, PRENTICE I NAME NAME STREET ADDRESS 6436 GARDEN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE GULF BREEZE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE DOOLEY, DONALD E NAME 511 S 1ST AVE 296 STREET ADDRESS STREET ADDRESS

13. 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 report or supplier ental 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

ARCADIA CA 91006

CITY-ST-ZIP

4-24-00

(850) 932-2229

Date

Daytime Phone #