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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H73457

THE WILDLIFE GALLERY, INC.

Mailing Address Principal Place of Business 1400-S2 VILLAGE SQ. BLVD. TALLAHASSEE FL 82312 1400-32 VILLAGE SQ. BLVD. TALLAHASSEE FL 32312 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1985 03/13/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-2571319 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo Branch, William H. 1407 PIEDMONT DR. EAST 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 83 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition MILE 13 IIILE SCHROEDER, TODD NAME 1.2 NAME 3232 HORSESHOE TRAIL STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C(TY-S1-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 \$1REE1 ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP Change DELE 1E Addition 5.1 TITLE TITLE

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 Statules. 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 eath; that I am an officer or director of the corporation or the requirement or trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 11 or changed, or on an attachment with an address.

5.2 NAME

61 TITLE

6.2 NAME

DFLFTE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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5 4 CITY - ST - ZIP

FILED May 02 1997 8:00am Secretary of State

Change

893-8112

Addition

