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

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90192 022 ***150.00

DOCUMENT # H73457 1. Corporation Name

THE WILDLIFF GALLERY, INC.

THE WIL	DEILE GMEEETIII 1140.									
Principal Place of Business Mailing Address						1	I (BRISI) ALIA 1888% IIITI AISAN BIITI IARI	RIBII AINI AIRI I	1:011 MIMIL 1001	
1400-32 VILLAGE SO. BLVD. 1400-32 VILLAGE SO. BLVD. TALLAHASSEE FL 32312					A STATE OF THE STA				*	danson
								DO NOT WRITE IN THIS	SPACE.	
				~			3.	Date Incorporated or Qualifed 08/28/1985		
Principal Place of Business 2a. Mailing Address								FEI Number	Ap	plied For
21		26					<u></u>	59-2571319	No	t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			<u>.</u>	5	Certificate of Status Desired	\$8.75	
22		27					Ŭ.	Control of Charles Desired	Fee Re	quired
City & Stat		_ `	& State				6.	Election Campaign Financing		May Be
Zip	Country	Zip		Country			 _ -	Trust Fund Contribution	Added	io Fees
├ ─ '	25	· ·	_ ,		у		8.	This corporation owes the current year In	tangible	□No
24	9. Name and Address of Current	29	Acont 3	<u>UJ</u>			10	Personal Property Tax. Name and Address of New Registered		LING
ļ	3. Name and Address of Odifetti	, registered ,		81	1	Name		Transition Addition of them Additioned	- Haunt	
BRANCH, WILLIAM H.										
1407 PIEDMONT DR. EAST				82	82 Street Address (P.O. Box Number is Not Acceptable)				{	
TALLAHASSEE FL 32312				83	83					
		•								
}				84	4	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										registered gistered
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS			Registered Agent signature required 13.			when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DIRECTOR	DELETE	1.1 TITLE				TO OTTICENS A	Change	Addition
NAME	SCHROEDER, TODD		ÇM	1.2 NAME		Ì				
STREET ADDRESS	3232 HORSESHOE TRAIL		~	1.3 STREE		nopeee				
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY- S		· · · · · · · · · · · · · · · · · · ·				}
TITLE	TALBRIAGOLL 12		DELETE	2.1 TITLE		ZIF			[] Change	Addition
NAME				2.2 NAME		}				_
STREET ADDRESS				2.3 STREE		ODRESS]
CITY-ST-ZIP				2. 4 CITY-						ţ
TITLE			DELETE	3.1 TITLE					Change	☐ Addition
NAME				3.2 NAME		Į				ĺ
STREET ADDRESS				3.3 STREE	ET A	DDRESS				
CITY+ST-ZIP				3.4. CITY-:						}
TITLE			DELETE	4.1 TITLE					☐ Change	Addition
NAME				4. 2 NAME	•					Í
STREET ADDRESS				4.3 STREE	ET A	ODRESS				}
CITY-ST-ZIP				4.4 CITY- 8	ST-2	ZIP				
TITLE			□ DELETE	S 1 TITLE					Change	Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 impowered 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.

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition