

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J66516 (2)

1. Corporation Name

TALLY HILLS WILDLIFE RANCH, INC.



Principal Place of Business

Mailing Address

C/O JOE I. SUBERS
P. O. BOX 16
LAMONT FL 32336

C/O JOE I. SUBERS
P. O. BOX 16
LAMONT FL 32336

3. Date Incorporated or Qualified

04/03/1987

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2811303

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUBERS, JOE I.

P. O. BOX 16

OFF U.S. 19 BETWEEN CAPPS AND LAMONT

LAMONT FL 32336

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)

(If NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

DELETE

NAME

SUBERS, JOE I.

STREET ADDRESS

P.O. BOX 16, OFF US 27 AND 19

CITY - ST - ZIP

LAMONT FL

TITLE

D

DELETE

NAME

SUBERS, JEAN D.

STREET ADDRESS

P.O. BOX 16, OFF US 27 AND 19

CITY - ST - ZIP

LAMONT FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

(JOE I. SUBERS)

3/8/96

904-997-3296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)