## 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 #

**SIGNATURE:** 

J66516

(2)

TALLY HILLS WILDLIFE RANCH, INC.

	, , , , , , , , , , , , , , , , , , ,					
Principal Place of Business Mailing Address				444 212 2112 2123 2110 1101		
P. O. BOX 16 P. O. BOX		C/O JOE I. SUBERS P. O. BOX 16				
		LAMONT FL 32336		Date Incorporated or Qualified		st Report
				04/03/1987 03/03/19		1995
Principai Pia	ace of Business	2a. Malling Address		4, FEI Number		Applied For
		26		59-2811303		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	L.J F	.75 Additional ee Required
City & Stale	,	City & State		6. Election Campaign Financing Trust Fund Contribution	<u> </u>	5.00 May Be dded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		ers 199.032,
	25	29	30	Florida Statutes Yes  10. Name and Address of New R		
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New A	egistored Agent	
	S, JOE I.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)	
P. O. B		LAMONT	83			
OFF U.S. 19 BETWEEN CAPPS AND LAMONT LAMONT FL 32336		LAMONI				
LAMON	1 FL 32336		84 City		FL  85	Zip Code
GNATURE	Sky atural typed or printed name of registered a		NOTE Registered Agent signature require		DATE.	CTODS IN 12
		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRE	
ŀ	PD	DELETE	1. 1 TITLE			nge
1E	SUBERS, JOE I.	AND 40	1.2 NAME			
SELF ADDRESS	P.O. BOX 16, OFF US 27	AND 19	1 3 STREET ADDRESS			
Y - ST - ZIF F	LAMONT FL D	☐ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		☐ Cha	nge Addition
15	SUBERS, JEAN D.		22 NAME		_	
TET ACORESS	P.O. BOX 16, OFF US 27	AND 19	2.3 STREET ADDRESS			
Y ST-21P	LAMONT FL		2 4 CITY - ST - ZIP			
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n EL ADDRESS			3 3 STREET ADDRESS			
1 - \$1_ ZIP			3.4 C(TY - ST - Z)P		☐ Cha	ange   Addition
LE		☐ DELFTE	4 1 TITLE			inge [] Abbiton
ME			4.2 NAME			
REF: ADDRESS			4.3 STREET ADDRESS			
Y_51_ZP		☐ DELETE	4.4 CITY - S1 - ZIP 5 1 TITLE		Cha	ange 🔲 Addition
l E		beleft	5 2 NAME			<del></del>
Mt buci annibece			5 3 STREET ADDRESS			
REEL ADDRESS.			5 4 CiTY-ST-ZIP			
TY ST-ZIF LF		☐ DELETE	6 1 TITLE		☐ Ch	ange 🔲 Addition
M:		-	62 NAME			
HEFT ADDRESS			63 STREET ADDRESS			
			6 4 CITY - ST - ZIP			
• CHY-SI-ZIP 14. I do here certify that oath; that appears	by certify that the information supplied the information indicated op this fill am an officer or director of the cin Block 12 or Block 13 if changed,	lied with this filing is voluntarily fi annual report or supplemental a opposition or the receiver or trus for on an attachment with an ac	urnished and does not qualify innual report is true and accurate a management to execute to	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	0.07(3)(k), Florida S a same legal effec lorida Statutes; ar	Statutes. I further t as if made undendend that my name