FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:00

DOCUMENT # N43214 (8)

1. Corporation Name
HELPING OUR WILDLIFE, INC.

Principal Place of Business	Mailing Address
C/O PAIGE A. CLEVENGER 5752 DOVE DR. PACE FL 32571	C/O PAIGE A. CLEVENGER 5752 DOVE DR. PACE FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1991
3a. Date of Last Report: 09/26/1994
4. FEI Number: 59-3051434 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 202 Oak Street	26 P. O. box 801
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State, Zip: Milton, FL 32570	28 City & State, Zip: Milton, FL 32572
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CLEVENGER, PAIGE A
5752 DOVE DR.
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name: Kenneth L. Brooks, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 202 Oak Street
83
84 City: Milton FL 85 Zip Code: 32570

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: K. L. Brooks Kenneth L. Brooks, Jr. 04/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	CHECHELE, T. SAMANTHA	12 NAME	Kenneth L. Brooks, Jr.
STREET ADDRESS	5625 CENTRAL AVENUE	13 STREET ADDRESS	202 Oak St.
CITY-ST-ZIP	ST. PETERSBURG FL 33710	14 CITY-ST-ZIP	Milton, FL 32570
TITLE	D	21 TITLE	☒ Change ☐ Addition D
NAME	CLEVENGER, PAIGE A	22 NAME	Andy Roberts
STREET ADDRESS	5752 DOVE DR.	23 STREET ADDRESS	124 W. Romano St.
CITY-ST-ZIP	PACE FL 32571	24 CITY-ST-ZIP	Pensacola FL 32501
TITLE	D	31 TITLE	☒ Change ☐ Addition D
NAME	MURPHY, JOEL DR. DVM	32 NAME	Sam Buckman
STREET ADDRESS	2651 SUNSET POINT RD.	33 STREET ADDRESS	5356 Jeremy Dr.
CITY-ST-ZIP	CLEARWATER FL 34616	34 CITY-ST-ZIP	Milton, FL 32570
TITLE	D	41 TITLE	☒ Change ☐ Addition D
NAME	CHECHELE, DANIEL	42 NAME	Elba Roberston
STREET ADDRESS	5625 CENTRAL AVE.	43 STREET ADDRESS	408 Conecuh St.
CITY-ST-ZIP	ST. PETERSBURG FL 33710	44 CITY-ST-ZIP	Milton, FL 32570
TITLE		51 TITLE	☒ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julia M Cotone 26 Apr 95 904-623-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073300