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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003207 (8)**

1. Corporation Name

**TIGER'S EYE PRODUCTIONS WILDLIFE RESEARCH CENTER
, INC.**

Principal Place of Business

Mailing Address

**5780 OAK HOLLOW LANE
OVIEDO FL 32765**

**5780 OAK HOLLOW LANE
OVIEDO FL 32765**



3. Date Incorporated or Qualified

07/15/1993

4. FEI Number

59-3203960

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMILLAN, DAVID
5780 OAK HOLLOW LANE
OVIEDO FL 32765**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

David McMillan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1.7.98

DATE

12. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCMILLAN, DAVID**
CITY-ST-ZIP **5780 OAK HOLLOW LN
OVIEDO FL 32765**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BLANCHARD, MAX**
CITY-ST-ZIP **12078 DESCARTES CT
ORLANDO FL 32826**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LANZA, MICHAEL R**
CITY-ST-ZIP **548 BAMBOO HARBOR CT 211
ORLANDO FL 32825**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

David McMillan
Signature, typed or printed name of signing officer or director

REQUIRED

1.7.98

4073651571

CR2E037 (10/97)