

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001669 (9)

1. Corporation Name

WILD LIFE ON EASY STREET, INC.



Principal Place of Business

12802 EASY ST  
TAMPA FL 33625

Mailing Address

12802 EASY ST  
TAMPA FL 33625

3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12802 Easy St.

26 12802 Easy St.

4. FEI Number

59- 3330495

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

City & State

23 Tampa, FL

City & State

28 Tampa, FL

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

Zip

Country

24 33625

25 USA

Zip

Country

29 33625

30 USA

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



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, CAROLE  
12802 EASY ST  
TAMPA FL 33625

81 Name

Carole Lewis

82 Street Address (P.O. Box Number is Not Acceptable)

12802 Easy Street

83

84 City

Tampa

FL

85 Zip Code

33625

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

Carole Lewis

Carole Lewis

2/6/96

(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

D

☐ DELETE

NAME

LEWIS, DON

STREET ADDRESS

12802 EASY ST

CITY - ST - ZIP

TAMPA FL 33625

11 TITLE

President / D

☐ Change

☒ Addition

12 NAME

Bob Martin

13 STREET ADDRESS

12802 Easy Street

14 CITY - ST - ZIP

Tampa, FL 33625

TITLE

D

☐ DELETE

NAME

LEWIS, CAROLE

STREET ADDRESS

12802 EASY ST

CITY - ST - ZIP

TAMPA FL 33625

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

LEWIS, JAMIE

STREET ADDRESS

12802 EASY ST

CITY - ST - ZIP

TAMPA FL 33625

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

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)(k), 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:

Carole Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 (813) 920-4130

Date

Daytime Phone #

CR2E037 (12/95)