

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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 33625-3702**3. Date Incorporated or Qualified  
**04/04/1995**3a. Date of Last Report  
**02/16/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number  
**59-3330495**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**LEWIS, CAROLE  
12802 EASY ST  
TAMPA FL 33625**

10. Name and Address of New Registered Agent

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

*Carole Lewis*

(NOTE: Registered Agent signature required when reinstating)

**2/26/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, DON</b>	
STREET ADDRESS	<b>12802 EASY ST</b>	
CITY - ST - ZIP	<b>TAMPA FL 33625</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, CAROLE</b>	
STREET ADDRESS	<b>12802 EASY ST</b>	
CITY - ST - ZIP	<b>TAMPA FL 33625</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, JAMIE</b>	
STREET ADDRESS	<b>12802 EASY ST</b>	
CITY - ST - ZIP	<b>TAMPA FL 33625</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, BOB</b>	
STREET ADDRESS	<b>12802 EASY STREET</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<b>T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<b>MD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Jim Moore</b>	
53 STREET ADDRESS	<b>11933 Dietz Dr.</b>	
54 CITY - ST - ZIP	<b>Tampa, FL 33626</b>	
61 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Doug Edwards</b>	
63 STREET ADDRESS	<b>6111 S. Elkins Street</b>	
64 CITY - ST - ZIP	<b>Tampa, FL 33611</b>	

14. I do 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:

*Carole Lewis*

PRESIDENT

*Carole Lewis*

Date

Daytime Phone # **0048789**

(813)

**2/26/97 920-4130**

CR2E037 (9/96)