

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000002523

1. Corporation Name

Second Chance Wildlife, Inc.

Principal Place of Business

Mailing Address

4233 Tomahawk TR
Milton FL 32583

4233 Tomahawk TR
Milton FL 32583

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Milton FL
24 32583 25 USA

28 Zip
29 Country
30 USA

9. Name and Address of Current Registered Agent

Tina Marie Beedle
4233 Tomahawk TR
Milton FL 32583

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

4-23-98

4. FEI Number

59-3511350

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

10. Name and Address of New Registered Agent

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 Tina Marie Beedle Tina Marie Beedle

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

(NOTE: Registered Agent signature required when term-limited)

4/28/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P/S/T/D ☐ DELETE

NAME Tina Marie Beedle
STREET ADDRESS 4233 Tomahawk TR
CITY-ST-ZIP Milton FL 32583

TITLE D ☐ DELETE

NAME Brian Havens Brayton Dvm
STREET ADDRESS 871 Cornell Ave
CITY-ST-ZIP Pensacola FL 32514

TITLE P ☐ DELETE

NAME Jules Vern McDaniel
STREET ADDRESS 8324 Hwy 87 N
CITY-ST-ZIP Milton FL 32570

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Tina Marie Beedle Tina Marie Beedle 4/28/99 (850) 626-6640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

ADD 3.0

CR2E037 (11/98)