FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					May 01, 2002 8:00 am		
DOCL 1. Entity Na	JMENT # POLOO	000270	50		Secretary 05-01-2002 91518		
WILD	ERNESS LODGES, INC						
	DO NOT WRITE	IN THIS SI	PACE				
2. Principal Place of Business Rt. 18, Box 360		3. Mailing Address Same					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Lake City, Fl		City & State		4	. FEI Number 59 - 3694547	Applied For Not Applicable	
Zip 3202.	Country 5 USA	Zip	Country		. Certificate of Status Desired	\$8.75 Additional Fee Required	
			Name		Name and Address of Current Regist	ered Agent	
DO NOT WRITE			Stroot A	Chris A. Williams			
IN THIS SPACE			Sileet At	Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SEA	NOL.		Rt. 1	8, Box 360	}	
			City	City Lake City FL Zip Code 32025			
9. This corporate filling r	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	itle if applicable. (NOTE January 1 - M. After May	Registered Agent signaturary 1 Fee is \$150.00 UBR is \$61.25	re required when		\$5.00 May Be	
Make Check Payab			of State	ndst rand Contribution.	Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	₇₀ Rt. 18, Box 360		THTLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADOREȘS DITY-ST-ZIP	ET ADOREȘS ST-ZIP						
VP, S, T, D Lacrecia K. Williams Rt. 18, Box 360 Lake City, Florida 32025			TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WR	RITE	
ITTLE VAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE			
ITLE IAME STREET ADDRESS CITY-ST-ZIP			THTLE NAME STREET ADDRESS CITY-ST-ZIP	7			
ITLE IAME Treet address			TITLE NAME STREET ADDRESS				

13. Thereby 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Chris A. Williams

Chris A. Williams

386-752-5841 Date Days

FILED

Daytime Phone #