FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 21 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14258 (8)

1. Corporation Name
WILDLIFE ACTION, INC.

Principal Place of Business	Mailing Address
405 N. MAIN ST. MULLINS SC 29574 US	P.O. BOX 866 MULLINS SC 29574-0843 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1987
3a. Date of Last Report: 02/18/1994
4. FEI Number: 57-0044167 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 405 N. Main St
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, CHARLES C.
#7 FERN STREET
ST. AUGUSTINE FL 32084

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BEESON, M. GAULT, JR.	12 NAME	
STREET ADDRESS	1101 SANDY BLUFF RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MULLINS SC	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BATTLE, RANDY	22 NAME	100001413251
STREET ADDRESS	HORSESHOE RD	23 STREET ADDRESS	-02/23/95--01025--022
CITY-ST-ZIP	MULLINS SC	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	S	31 TITLE	☑ Change ☐ Addition
NAME	GINGER, MANNING	32 NAME	S Monica Rappe
STREET ADDRESS	1016 N MAIN ST.	33 STREET ADDRESS	~~PO Box 406~~ 804 Cole Rd., 17-34
CITY-ST-ZIP	MARION SC	34 CITY-ST-ZIP	Little Rock SC 29567
TITLE	T	41 TITLE	☑ Change ☐ Addition
NAME	HAM, BUTCH	42 NAME	T Rusty Richardson
STREET ADDRESS	N. MAIN STREET	43 STREET ADDRESS	~~PO Box 864~~ 1309 Horse shoe Rd.
CITY-ST-ZIP	MULLINS SC	44 CITY-ST-ZIP	Mullins SC 29574
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WIGGINS, JOHNNY	52 NAME	
STREET ADDRESS	RT 2 BOX 469	53 STREET ADDRESS	
CITY-ST-ZIP	MARION SC	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MOTTERN, BOB	62 NAME	
STREET ADDRESS	HORSESHOE CIR.	63 STREET ADDRESS	
CITY-ST-ZIP	MULLINS SC	64 CITY-ST-ZIP	CH

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)(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: M. Gault Beeson, Jr. M. Gault Beeson Jr. 1-19-96 803-464-8473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078765