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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 29574-0866 US

3. Date Incorporated or Qualified: **04/30/1987**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **57-0044167** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, MAGGI
4 TREMERTON STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Maggi Hall
82 Street Address (P.O. Box Number is Not Acceptable): 4 Tremerton St.
83
84 City: St. Augustine FL 85 Zip Code: 32084

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: X SAME
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEESON, M. GAULT, JR.		1.2 NAME		
STREET ADDRESS	1101 SANDY BLUFF RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS SC		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLOYD, JOHNNY R		2.2 NAME		
STREET ADDRESS	402 SOUTH MAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS SC		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, MICHELLE		3.2 NAME		
STREET ADDRESS	404 WEST MAIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	LATTA SC		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, RUSTY		4.2 NAME		
STREET ADDRESS	1309 HORSE SHOE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS SC 29574		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DONNELL, JIM		5.2 NAME	800002114168 -03/14/97--01104--017 ***61.25	
STREET ADDRESS	108 CARDINAL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GUYTON GA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOTTERN, BOB		6.2 NAME	OK 3/14/97	
STREET ADDRESS	HORSESHOE CIR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS SC		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] 3-14-97