FILE NOW: FILING FEE IS $61.25

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90054 025 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P14258

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 29574-0543 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
04/30/1987

4. FEI Number
57-0044167
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FRANKS, BARBARA
308 ALLIN AVE
OVIEDO FL 32765

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 _____ 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	☐ 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	GRUBBS, LINDA		3.2 NAME	
STREET ADDRESS	1429 OLDE FORGE LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK GA 30189		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	
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	
STREET ADDRESS	HORSESHOE CIR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	MULLINS SC		6.4 CITY-ST-ZIP	

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: M Gault Beeson REQUIRED 1-13-99 843-464-8473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)