

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049385 (4)

1. Corporation Name

WILDLIFE DESIGNS, INC.

Principal Place of Business

Mailing Address

5007 SUMMER BEACH BOULEVARD
AMELIA ISLAND FL 32034

5007 SUMMER BEACH BOULEVARD
AMELIA ISLAND FL 32034



3. Date Incorporated or Qualified

07/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 910 South 8th St.

26 P.O. Box 372

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, BESS F
5007 SUMMER BEACH BOULEVARD
AMELIA ISLAND FL 32034

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

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
NAME
D
ANDERSON, BESS F
STREET ADDRESS
5007 SUMMER BEACH BOULEVARD
CITY-ST-ZIP
AMELIA ISLAND FL 32034

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

Bess F. Anderson

Bess F. Anderson

4/25/96

904-277-1835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)