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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

1996

P95000049385 (4)

WILDLIFE DESIGNS, INC.

Principal Place of Business Mailing Address 5007 SUMMER BEACH BOULEVARD 5007 SUMMER BEACH BOULEVARD AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3360014 910 South 8th St. Applied For P.O. Box 372 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 Fea Required Cay & State Fernandina Beach, FL City & State 6. Election Campaign Financing Fernandina Beach, FL 23 \$5.00 May Be Trust Fund Contribution Žφ 32034 Added to Fees Country ^z\$2035-0372 Country 8. This corporation has liability for intangible tax under s 199.032 25 29 30 Florida Statutes Yes KNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ANDERSON, BESS F Street Address (P.O. Box Number is Not Acceptable) 82 5007 SUMMER BEACH BOULEVARD AMELIA ISLAND FL 32034 83 84 City Zip Code 85 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 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (12/95) TITLE D □ DELETE 1. 1 TITLE P,S,T Anderson, Bess F Change Addition NAME ANDERSON, BESS F 1.2 NAME STREET ADDRESS 5007 SUMMER BEACH BOULEVARD 5007 Summer Beach Blvd. 1.3 STREET ADDRESS CITY-SI-ZIP AMELIA ISLAND FL 32034 1.4 CITY - ST- ZIP Amelia Island, FL 32034 TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME Anderson, Fred STREET ADDRESS 2.3 STREET ADDRESS 5007 Summer Beach Blvd. CITY-ST-ZIF 24 CITY-ST-ZIP Amelia Island, FI 32034 TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE ☐ Change Addition NAM: 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 11(TLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY-ST-ZiP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6.4 CITY-ST-ZIP

Bess F. Anderson

4/25/96 904-277-1835