## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000062715 (4)

MYAKKA VALLEY SAFARIS, INC.

## **FILED** Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 5004 RIVERVIEW BLVD. W BRADENTON FL 34209  BRADENTON FL 34209  Mailing Address 5004 RIVERVIEW BRADENTON FL 34209					3. Date Incorporated or Qualified 3a. Date of Last Report			
					3. Date Incorporated or Qualified 08/11/1995	3a. Date of 05/01/1		port
	Place of Business	2a. Mailing Address		<u></u>	4. FEt Number 65-0604763	erables on all and		olied For
Surte, Apt	#, etc	Suite, Apt. #, etc	;.		5. Certificate of Status Desired		B.75 A	
2 City & Sta	te	City & State					Fee Rec	·
3		28			6. Election Campaign Financing Trust Fund Contribution		5.00 N Added to	
Zip	<u> </u>		Country		<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
4	25   29   30   9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WAI	LTERS, CLIFFORD L	<del>-</del>	8	1 Name		<del></del>		
802 11TH ST. WEST			Ē	2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
BRADENTON FL 34205			8	3				
			[ E	4 City		<b></b> 85	Zip C	ode
					poration submits this statement for the p	FL  °°		
12. TITLE	Signature, type for printed ranne of requestion a OFFICERS A	ND DIRECTORS	13.		urab when reinstaling) ADDITIONS/CHANGES TO OFFIC		ECTORS Change	IN 12
TITLE NAME	TURNER, RICHARD E	[_] DELET	1.1 TITL 1.2 NAM			L., (	Jhange	Addition
STREET ADDRESS	5004 RIVERVIEW BLVD. W			ET ADORESS				
D:TY-ST-ZIP	BRADENTON FL 34209		······	- ST-ZIP				
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NAME	TURNER, SHIRLET H 5004 RIVERVIEW BLVD. W		2 2 NAM					
STREET ADORESS City - St - Zip	BRADENTON FL 34209			ET ADDRESS 7-ST-ZIP				
TITLE	V	DELET					Change	Additio
NAME	TURNER, JAY F		3.2 NAM	E				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP	BRADENTON FL 34209	Dri kiti		(-ST-ZIP			Change	Additio
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NAME			62 NAN					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZP			64 CITY	-ST-ZIP	die Carling 110 07/07/3 Flavido Platino			

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated on this annual report or supplemental angual 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 607, Florida Statutes; and that my name

12 LARO E. TURNER 1/6/97 941-747-4942