## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Aug 10 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P96000064263 (2) WILD MIND, INC. Principal Place of Business Mailing Address 1624 HILLVIEW STREET 1624 HILLVIEW STREET SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/31/1996 2a. Mailing Address 4 50ME 2. Principal Place of Business Gume -4. FEI Number Applied For Hendrasonville NC 28792 21 Rt Po Z#5 Suite, Apt. #, etc. 65-0672116 Mark Freeman Rd Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ... No Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCMANUS, MAUREEN 81 1624 HILLVIEW STREET 82 SARASOTA FL 34239 83 SABASOTN 11. Pursuant to the p
office or registere sions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered gent, 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 with and accept the obligations of section 607.0505, Florida Statutes. 12. Wome/day HOWARd 7-16-98 CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE MOMANUS, MAUREEN NAME 1.2 NAME **1624 HILLVIEW STREET** Rt. 1 BOX 235 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34239 HENDERSONVILLE NC 28792 CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TOUR \_\_\_ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE dition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE 600002612**8** NAME 6.2 NAME

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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mauren manning

1/16/98

\*\*\*150.00

**-0**8/11/98--01045-**-0**28

828 6851080

FILED

## WILD MIND, INC.

RR 1, Box 235, Hendersonville, NC 28792 (704) 685-1080

PJJ

July 15, 1998

State of Florida Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find the Corporate annual report for Wild Mind, Inc. and a check in the amount of \$150.00. as agreed when I spoke with an agent in your office. As I explained to you on Monday, July 7, 1998 I did not receive the first notice.

If you have any questions regarding this matter please call me at (704) 685-1080.

Very truly yours,

Maureen McManus

Maureen M. Manus