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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000033201 (9) DOCUMENT # 1. Corporation Name

Principal Place of Business	Mailing Address
41660 HORSESHOE ACRES ROAD PUNTA GORDA FL 33951	41660 HORSESHOE ACRES ROAD PUNTA GORDA FL 33951
2. Principal Place of Business	2a. Mailing Address

FILED Mar 25 1998 8:00am Secretary of State

WILDLIFE EDUCATION & SERVICES, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1997 Applied For 17/60 EAST LAKE Drive Not Applicable Suite, Apt. #, etc. 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 N. Fort IERS 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Zip Country USA 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WITTMEIER, CAROLYN J 41660 HORSESHOE ACRES ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33951** 83 84 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change ☐ Addition TITLE CAROLYN J. WI HHEIER NAME 1.2 NAME CR2E634 17160 EAST LAKE Drive STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Vice-Presiden 21 TITLE DENNIS BW. MHEIER 17160 FAST LAKE Drive NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS N. FT. MYERS, CITY-ST-ZIP 2. 4 CITY - ST-ZIP Change Addition TITLE 3.1 TITLE TREASURER CAROLYN JW. THEIER 17160 EAST LAKE Drive NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS N.Fr. Myces, FL 33917 CITY-ST-ZIP 3.4. CITY-ST-ZIP SECRETARY DENNIS B. WITIMOIER TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME MIGO EAST LAKE DINE STREET ADDRESS 4.3 STREET ADDRESS My ERS, FL 33917 CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

941-931-3/52