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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075289 (3)

WILD BIRDS OF PONTE VEDRA, INC.

## **FILED** Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
256 ROYAL TERN RD N 256 ROYAL TERN RD N					
PONTE VEDRA BEACH FL 32082 PONTE VEDRA			FL 32062		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/25/1997
2. Principal F	Place of Business,	2a. Mailing Address			4 FEI Number
21 00	O HWAY AIA	26			39-3468424 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 5	WHF 1	27			Fee Required
City Stat	HE VEDEN BUH FO	City & State			6. Election Campaign Financing \$5.00 May Be
	Country Country	Zip Country			Trust Fund Contribution
24 Zip 320		<u>├</u>	<del></del>	•	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Vo
24 200	9. Name and Address of Current		30		Personal Property Tax due June 30. LJ Yes LM No  10. Name and Address of New Registered Agent
			81	Name	
i	EFANT, FRED	<b>-</b>			1 245
1	50 prudential drive, suite 10: Cksonville fl 32207	<b>5</b>	82	Stree	eet Address (P.O. Box Number Is Not Acceptable)
JA	CROUNVILLE PL 3220/		83		
			84	City	, 85 Zip Code
					[FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EILER, LUDWIG W		1.2 NAME		
STREET ADDRESS	256 ROYAL TERN RD N		1.3 STREET	ADDRESS	ss
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320		1.4 CITY - S	T-ZIP	
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	EILER, JUDITH K		2.2 NAME		
STREET ADDRESS	256 ROYAL TERN RD N		2.3 STREET	ADDRESS	\$\$
CITY - ST - ZIP	PONTE VEDRA BEACH FL 320		2.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	3,1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		SS
CITY-ST-ZIP			3.4. CITY - 3	ST-ZIP	Observe Addition
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET		555
CITY-ST-ZIP		DELETÉ	4.4 CITY - S	17-ZIP	Change Addition
TITLE		☐ DETEIE	5.1 TITLE		E Grange L Addition
NAME	_		5.2 NAME	ADDRESS	
STREET ADDRESS			5,3 STREET		33
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TITLE	1 - ZIP	Change Addition
NAME			6,2 NAME		
£			6.3 STREET	<b>₹UUBE¢¢</b>	ee
STREET ADDRESS					
CITY-ST-ZIP		to state Telling of a second assettle a few	6.4 CITY - S	1-412	tetad in Section 110 07/3//i) Florida Statutes I further certifu that the information

Increasy 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 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.

SIGNATURE:

12/13/98

904-200-1440