FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1996 08:00 AM
Secretary of State

DOCUMENT # 700306 (4)

1. Corporation Name
THE GATOR BOWL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4080 WOODCOCK DRIVE SUITE 130 JACKSONVILLE FL 32207	4080 WOODCOCK DRIVE SUITE 130 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 12/16/1959
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-0541694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CATLETT, RICHARD M.
4080 WOODCOCK DR, SUITE 130
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	C/D	☐ Change ☑ Addition
NAME	CANNON, CARL N.		1.2 NAME	DAVIS M. JOHNSON	
STREET ADDRESS	POST OFFICE 1949-F		1.3 STREET ADDRESS	301 WEST BAY ST., # 2600	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, MAJOR D.		2.2 NAME		
STREET ADDRESS	1800 INDEPENDENT SQUARE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MCCALEB, SCOTT L		3.2 NAME	JOHN G. HARRISON	
STREET ADDRESS	34 LOVETON CIRCLE		3.3 STREET ADDRESS	1840 DONALD ST.	
CITY-ST-ZIP	SPARKS MD		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MIDDLETON, DAVID J.		4.2 NAME		
STREET ADDRESS	50 N. LAURA STREET, SUITE 3700		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 0		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GODWIN, RUSSEL J.		5.2 NAME		
STREET ADDRESS	1126 BROOKWOOD ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CATLETT, RICHARD M.		6.2 NAME		
STREET ADDRESS	4080 WOODCOCK DR #130		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Davis M. Johnson 4/22/96 (904)396-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Davis M. Johnson