

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
**95 APR 26 AM 11:00**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 739366 (3)**

1. Corporation Name  
**GATOR DUGOUT CLUB, INC.**

Principal Place of Business Mailing Address  
**P O BOX 12633 GAINESVILLE FL 32604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1977** 3a. Date of Last Report **04/27/1994**  
4. FBI Number **59-2567984** Applied For  Not Applicable   
5. Certificate of Status Declared  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**RITCH, FRANKLIN  
1418 NW SIXTH STREET  
GAINESVILLE FL 32601**

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 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) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME KNIGHT, ABBIE E  
STREET ADDRESS 1724 NW 32ND PLACE  
CITY-ST-ZIP GAINESVILLE FL  
TITLE VPD  
NAME GWINN, ELLEN  
STREET ADDRESS 1525 NW 91ST TERR  
CITY-ST-ZIP GAINESVILLE FL  
TITLE SD  
NAME TAYLOR, VALERIE  
STREET ADDRESS RT. 3 BOX 254  
CITY-ST-ZIP ALACHUA FL  
TITLE TD  
NAME PHILLIPS, ROY  
STREET ADDRESS 4829 SW 83RD TERR  
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME Secretary/D  
3.3 STREET ADDRESS Mary Thomson  
3.4 CITY-ST-ZIP 6908 S.W. 93 Ave  
Gainesville, FL 32608  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 110.07(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: **ABBIE E. KNIGHT** 4/24/95 504-373-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #