

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:39

DOCUMENT # 766171 (3)

1. Corporation Name  
GATOR BOWMEN INC.

Principal Place of Business Mailing Address  
% TIMOTHY O. AUSTIN 3029 NORTH WEST 38TH STREET  
3029 NORTH WEST 38TH STREET GAINESVILLE FL 32606-8119  
US GAINESVILLE FL 32606-8119  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1982 3a. Date of Last Report 01/20/1994  
4. FEI Number 59-0247526 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  
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 28 Zip  
24 Country 25 Country 29 Country 30 Country

\* 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, TIMOTHY O.  
3029 NORTH WEST 38TH STREET  
GAINESVILLE FL 32606

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT <del>BYD</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTFALL, LINDA M	1.2 NAME	WILLIAM H. LUECKING JR. ①
STREET ADDRESS	ROUTE 1, BOX 667	1.3 STREET ADDRESS	1720 N W 16 TER
CITY- ST- ZIP	BROOKER FL	1.4 CITY- ST- ZIP	GAINESVILLE FL 32605-4044
TITLE	VD	2.1 TITLE	VICE PRESIDENT <del>YD</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANN, HERMIT R	2.2 NAME	ROBERT A. RIPPLE ②
STREET ADDRESS	12708 SE 8TH AVENUE	2.3 STREET ADDRESS	1905 NW 27 TER
CITY- ST- ZIP	GAINESVILLE, FL 00000	2.4 CITY- ST- ZIP	GAINESVILLE FL 32605-3870
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, TIMOTHY O. ③	3.2 NAME	
STREET ADDRESS	3029 N.W. 38TH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL 32606-8119	3.4 CITY- ST- ZIP	32606-8119
TITLE	SD	4.1 TITLE	SECRETARY <del>SD</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANN, ROSEMARIE	4.2 NAME	SHANNON E. HOLTZ ④
STREET ADDRESS	12708 SE 8TH AVENUE	4.3 STREET ADDRESS	3521 SW 29 TER, # B
CITY- ST- ZIP	GAINESVILLE FL	4.4 CITY- ST- ZIP	GAINESVILLE FL 32608-5178
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on my attachment with an address.

SIGNATURE: TIMOTHY O. AUSTIN TIMOTHY O. AUSTIN (TREAS) 1/15/95 904-376-0679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Anytime 1995)