

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90001 017 ****61.25

0011458

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766171

1. Corporation Name
GATOR BOWMEN INC.

Principal Place of Business
% TIMOTHY O AUSTIN
1710 SW 76TH TERR
GAINESVILLE FL 32607-3418
US

Mailing Address
% TIMOTHY O. AUSTIN
1710 SW 76TH TERR
GAINESVILLE FL 32607-3418
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/16/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0247526

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip 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 GAINESVILLE

FL

85 Zip Code 32607-3418

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME TOM SCHELL
STREET ADDRESS 228 NW 19TH AVE
CITY-ST-ZIP GAINESVILLE FL 32609

1.1 TITLE VD
1.2 NAME DAVID D. HILLIARD
1.3 STREET ADDRESS 521 NW 101ST TER
1.4 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE PD
NAME ANDERSON, RONALD C
STREET ADDRESS 12221 NW 157TH ST
CITY-ST-ZIP ALACHUA FL 32615

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME AUSTIN, TIMOTHY O.
STREET ADDRESS 1710 SW 76TH TERR
CITY-ST-ZIP GAINESVILLE FL 32607

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GANN, HERMIT R
STREET ADDRESS 1270-B S.E. 8TH AVE.
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TIMOTHY O. AUSTIN

1-30-99

(352) 332-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)