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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L3

1. Corporation Name

L35286

(8)

GATOR DOOR EAST, INC.

FILED
May 27 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					(teatibit des tildt attib tiabt tätta ätti Sibit ät	ali Albii Bidii Al	817 81911 1881		
2150 DOBB RD ST AUGUSTINE FL 32086-5249		2150 DOBB RD St augustine Fl 3208	2150 DOBB RD ST AUGUSTINE FL 32086-5249			DO HOT MOTE IN THE	0.004.05		
				-		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 12/07/1989			
 -	lace of Business	2a, Mailing Address				4, FEI Number	h	pplied For	
21		26				59- 299 0715		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	t 📹			5. Certificate of Status Desired	Status Desired Status Desired Fee Required		
City & State	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	1			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the c			
24	25	29	30			Personal Property Tax due June 30.		∐ No	
	g, Name and Address of Cure	ent Hegistered Agent		81	Name	10. Name and Address of New Registere	a Agent		
	ATTS, HARRY E			•	Name				
200 NE 10TH AVE POMPANO BEACH FL 33060			Ī	82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
				83					
				84	City	F	B5 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									
				Agen	t signature requir	red when reinstating) DATE	ID DIRECTO	.00.01.40	
12.	D. CINCINS A	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	PLATTS, HARRY E		- 1						
STREET ADDRESS	AND DIE ANTIL ALE			1.2 NAME 1.3 STREET ADDRESS					
CITY+ST-ZIP	POMPANO BEACH FL		1.4 CHY-ST-ZIP		i				
TITLE	DV	DELFTE	21 111		· LIF		Change	Addition	
NAME	CALLUM, TIMOTHY L.		2.2 NA						
STREET ADDRESS	146 POMPANO RD		2.3 STREET ADDRESS		ADDRESS	us.			
CITY-ST-ZiP	ST AUGUSTINE FL	AT ALLOHOTIME EL		TY-ST	1				
TITLE	50	DELETE					☐ Change	Addition	
NAME	PLATTS, RONALD N.		3 2 NA	3.2 NAME					
STREET ADDRESS	T T T T T T T T T T T T T T T T T T T		3 3 STI	REET A	ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL		3.4. CI	TY-ST	1- 2 IP				
TITLÉ	8	DELETE	4 1 TH	LF.			☐ Change	☐ Addition	
NAME	PLATTS, BARBARA		4. 2 N/	M E				ļ	
STREET ADDRESS	20 0 N.E. 10TH AVE		4.3 STREET		ODRESS			ł	
CITY-ST-ZIP	POMPANO BEACH FL		4 4 CITY-S		- 7IP				
TITLE	01	DELETE	5.1 TIT	LE			☐ Change	Addition	
NAME	PLATTS, BARBARA A.		5.2 NAME					1	
STREET ADDRESS	200 NE 10 AVE		5 3 5 1	REET A	ADDRESS			ļ	
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY - S		- 7IP				
TITLE		☐ DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME	t_{θ}		6.2 NA	ME				ĺ	
STREET ADDRESS			6.3 ST	REETA	ADDRESS			ļ	
CITY-ST-ZIP			6.4 CIT	Y-ST-	- ZIP	Continue 440 07/0/0 Florida Continue (London			

14. Thereby 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 is requested to supplementation and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the exemptant in a function of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.