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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037824 (6)

GRAND GATOR, INC.

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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	TIMO GATOR MO									
Principal Place of Business Mailing Address						- E AMBIANTA ALM HALDA MAINA MAISL MORLI MAKIN KANDA SIESA CA	10011	TITO LIBIT BIBL ANDI		
	NORTH 14TH STREET BURG FL 34748	733 D NORTH 14TH STR LEESBURG FL 34748	733 D NORTH 14TH STREET LEESBURG FL 34748							
						DO NOT WRITE IN THIS SP	ACE			
						3. Date Incorporated or Qualified 05/12/1995				
2. Prin	ncipal Place of Business	2a. Mailing Address				4. FEI Number	\top	Applied For		
21		26	26			59-3314628		Not Applica	ble	
Sui 22						5. Certificate of Status Desired		75 Additional se Required		
City & State City & State 23 28						Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Coun	itry		8. This corporation owes or has paid the currel Personal Property Tax due June 30.	nt ye Yes	ar Intangible		
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	ent			
JOHNSON, CHARLES D ESQ.					Name					
ANY WERNTON OTREET				82	Stront Addre	ss (P.O. Box Number is Not Acceptable)				
LEESBURG FL 34748				92	Street Addre	iss (F.O. Box Number is not Acceptable)				
				B3						
			-	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.										
SIGNA	TURE Signature, typed or printed name of register	red agent and title if applicable (NOTI	E: Registered	Ager	nt signature required	d when reinstating) DATE			_	
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRE	CTORS IN 12		
TITLE	D	☐ DELE TE	1.1 TITL	.€			_ Ch	ange Addit	ion	
NAME	HOGAN, JEAN M		1.2 NAM	Æ					ĺ	
STREET ADDRESS 733 D NORTH 14TH STREET 1.3 STR			EET A	ADDRESS						
CITY-ST	TY-ST-ZIP LEESBURG FL		1.4 CITY	1.4 CITY - ST - ZIP						
TITLE			2.1 TITL	2.1 TITLE		L	Ch	ange 🔲 Addit	ion	
NAME	ļ		2.2 NAM	AE.						
STREET ADDRESS 2			2.3 STRE	2.3 STREET ADDRESS						

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

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