

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 477583 (9)

1. Corporation Name

GATOR SALES, INC.



Principal Place of Business

2719 PHILLIPS HWY
JACKSONVILLE FL 32207

Mailing Address

2719 PHILLIPS HWY
JACKSONVILLE FL 32207

2. Principal Place of Business

21 2950 ST Augustine Rd

Suite, Apt. #, etc.

22 City & State

23 Jacksonville FL

24 Zip

32207

25 Country

U.S.

2a. Mailing Address

26 2950 ST. Augustine Rd.

Suite, Apt. #, etc.

27 City & State

28 Jacksonville FL 32207

29 Zip

32207

30 Country

U.S.

9. Name and Address of Current Registered Agent

HARVICH, MARY ANN
8119 SPENCERS TRACE DR.
JACKSONVILLE FL 3224

3. Date Incorporated or Qualified

06/09/1975

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1606084

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

(If Not Registered Agent Signature Required When Not Filing)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE PD
12 NAME CUNARD, SAMUEL H.
13 STREET ADDRESS 13911 TIFFANY PINES CR
14 CITY-ST-ZIP JACKSONVILLE FL

15 TITLE P
16 NAME HARVICH, MARY ANN
17 STREET ADDRESS 8119 SPENCERS TRACE DR
18 CITY-ST-ZIP JACKSONVILLE FL

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP

23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP

27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

43 TITLE ☐ Change ☐ Addition

44 NAME

45 STREET ADDRESS

46 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Ann Harvich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)