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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

 Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 477583

1. Corporation Name

GATOR SALES, INC.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90029 010 ***150.00



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Principal Place	of Business	Mailing Add				;			
		2950 ST AUG	Gustine RD						
2950 St augustine RD Jacksonville FL 32207 US		JACKSONVIL	LE FL 32207			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
		US							
	*					06/09/1975			
•		·				4. FEI Number		Appli	ed For
2. Principal Pla	ace of Business	2a. Mailing	Address			59-1606084		Not /	Applicable
21		26						\$8.75 Ad	ditional
Suite, Apt. #	f, etc.	Suite, A	Apt. #, etc.			5. Certifcate of Status Desired		Fee Req	uired
22	<u></u>	27				6. Election Campaign Financing		\$5.00 N	lay Be
City & State	,	City &	State			Trust Fund Contribution		Added to	
23		28			Am.	8. This corporation owes the curre	ent vear Intan	gible	
Zip	Country	Zip		Cour	ntry	Personal Property Tax.	[ŬYes []No
24	25	29		30		10. Name and Address of New R	Registered Ag	gent	
<u>:4 </u>	9. Name and Address of Curre	nt Registered A	gent		94 Nomo	To, Name and Addition	-		
	and the same	•			81 Name	·			
HARV	/ICH, MARY ANN			Ì	82 Street Add	ress (P.O. Box Number is Not Accepta	able)		_
8119	SPENCERS TRACE DR.			ļ			2 3 4 4 4	· · · · · · · · · · · · · · · · · · ·	•
	SONVILLE FL 3224				83				
Ç. 1311	•				84 City		F 1	85 Zip C	ode
ζ•	•				City	<u></u>	<u> </u>		- wintered
				orida Stati	utes.	poration submits this statement for the ion's board of directors. I hereby acce	UAIE		
1				orida Stati	utes. 1 Agent signature requir	ed when reinstating)	UAIE		
SIGNATURE	Signature, typed or printed name of registered at		S (NOT	E: Registered	utes. Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF	UAIE		RS IN 12
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicab	NOT (NOT	E: Registered	Agent signature requir	ed when reinstating)	UAIE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicab	S (NOT	E: Registered 13. 1.1 TI 1.2 N	Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF	UAIE	DIRECTO	RS IN 12
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.