

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 # **481997** (5)

1. Corporation Name

GATOR ENGINEERED CONSTRUCTION, INC.



Principal Place of Business

26 1/2 HANCHEY RD.
P O BOX 1778
WAUCHULA FL 33873-1778

Mailing Address

26 1/2 HANCHEY RD.
P O BOX 1778
WAUCHULA FL 33873-1778

3. Date Incorporated or Qualified
07/28/1975

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **1521 LISA DRIVE**

26 **P.O. Box 1778**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. Box 1778**

27

City & State

City & State

23 **WAUCHULA FL**

28 **WAUCHULA FL**

Zip

Country

Zip

Country

24 **33873 USA**

29 **33873 USA** 30 **USA**

4. FEI Number
59-1617084

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, ROY A
RT. 3 BOX 26 1/2 HANCHEY RD
WAUCHULA FL 33873**

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

1521 LISA DRIVE

83

P.O. Box 1778

84 City

WAUCHULA

FL

85 Zip Code
33873

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

(NOTE: Registered Agent signature required when reinstating)

2-6-96

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP BROWN, ROY A**
STREET ADDRESS **RT. 3 BOX 26 1/2 HANCHEY**
CITY-ST-ZIP **WAUCHULA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **1521 LISA DRIVE**
1.3 STREET ADDRESS **P.O. Box 1778**
1.4 CITY-ST-ZIP **WAUCHULA, FL 33873**

TITLE ☐ DELETE
NAME **DS BROWN, SANDRA K**
STREET ADDRESS **RT. 3 BOX 26 1/2 HANCHEY**
CITY-ST-ZIP **WAUCHULA FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Sandra K. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

Date

941-773-6616

Daytime Phone #

CR2E034 (12/95)