

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 615632

(7)

1. Corporation Name

GATOR MARKETING, INC.



Principal Place of Business

1814 INDUSTRIAL BOULEVARD
P.O. BOX 41064
JACKSONVILLE FL 32203

Mailing Address

1814 INDUSTRIAL BOULEVARD
P.O. BOX 41064
JACKSONVILLE FL 32203

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/23/1979

3a. Date of Last Report
03/09/1995

4. FEI Number
59-1900778

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

10. Name and Address of New Registered Agent

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

g. Name and Address of Current Registered Agent

SPENCE, CARLTON H.
1814 INDUSTRIAL BLVD.
JACKSONVILLE FL 32203

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 607.0707 and 607.1106, 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 fully aware and accept the obligation of Sections 607.0705, Florida Statutes.

SIGNATURE

Signature of the person who is changing the information

Signature of the Agent/Registered Agent/Secretary of State

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRIFFIN, WILSON	
STREET ADDRESS	1814 INDUSTRIAL BLVD.	
CITY & STATE	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPENCE, DONALD C.	
STREET ADDRESS	1814 INDUSTRIAL BLVD.	
CITY & STATE	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPENCE, CARLTON H	
STREET ADDRESS	1814 INDUSTRIAL BLVD.	
CITY & STATE	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY & STATE		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY & STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, STATE, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, STATE, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, STATE, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, STATE, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied in 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. I am an officer or director of the corporation, the president 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 the voluntary report with an address.

SIGNATURE: *Carlton H. Spence*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96
904-786-8036
DATE OF FILING

CR2E034 (12/95)