

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

**FILED**  
**Feb 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 615632**  
 1. Corporation Name  
**GATOR MARKETING, INC.**

Principal Place of Business Mailing Address  
**1814 INDUSTRIAL BOULEVARD 1814 INDUSTRIAL BLVD**  
**P.O. BOX 41064 P.O. BOX 41064**  
**JACKSONVILLE, FL 32203 JACKSONVILLE, FL 32203**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.		26 Surt. Apt. #, etc.		03/23/79	02/27/96
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-1900778	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARLTON H. SPENCE 1814 INDUSTRIAL BOULEVARD , 32254 <del>P.O. BOX 41064</del> JACKSONVILLE, FL 32203				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON GRIFFIN			12 NAME			
STREET ADDRESS	1814 INDUSTRIAL BOULEVARD			13 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32254			14 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONALD C. SPENCE			22 NAME			
STREET ADDRESS	1814 INDUSTRIAL BOULEVARD			23 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32254			24 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLTON H. SPENCE			32 NAME			
STREET ADDRESS	1814 INDUSTRIAL BOULEVARD			33 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32254			34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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14. I do 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 included 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 Item 12 or Item 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlton H. Spence* 2-26-97 (904) 786-8036  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 CARLTON H. SPENCE

CR2E034 (9/96)