

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766171 (3)

1. Corporation Name  
**GATOR BOWMEN INC.**



Principal Place of Business: % TIMOTHY O. AUSTIN, 3029 NORTH WEST 38TH STREET, GAINESVILLE FL 32606-8119 US  
Mailing Address: % TIMOTHY O. AUSTIN, 3029 NORTH WEST 38TH STREET, GAINESVILLE FL 32606-8119 US

3. Date Incorporated or Qualified: 12/16/1982  
3a. Date of Last Report: 02/03/1995  
4. FEI Number: 59-0247526  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**AUSTIN, TIMOTHY O.  
3029 NORTH WEST 38TH STREET  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LUECKING, JR. W	1.1 TITLE: PD	NAME: JAMES R. TELLIER
STREET ADDRESS: 1720 NW 16 TER	CITY-ST-ZIP: GAINESVILLE FL	1.2 NAME: JAMES R. TELLIER	1.3 STREET ADDRESS: 3941 SW 1ST AVE
		1.4 CITY-ST-ZIP: GAINESVILLE FL	1.4 CITY-ST-ZIP: 32609-2701
TITLE: VP	NAME: RIPPLE, ROBERT A.	2.1 TITLE: VD	NAME: RONALD C. ANDERSON
STREET ADDRESS: 1905 NW 27 TER	CITY-ST-ZIP: GAINESVILLE FL	2.2 NAME: RONALD C. ANDERSON	2.3 STREET ADDRESS: ROUTE 1, BOX 261
		2.4 CITY-ST-ZIP: ALACHUA FL	2.4 CITY-ST-ZIP: 32615
TITLE: TD	NAME: AUSTIN, TIMOTHY O.	3.1 TITLE: STD	
STREET ADDRESS: 3029 N.W. 38TH STREET	CITY-ST-ZIP: GAINESVILLE FL	3.2 NAME: STD	
		3.3 STREET ADDRESS: STD	
		3.4 CITY-ST-ZIP: STD	
TITLE: SD	NAME: HOLTZ, SHANNON E.	4.1 TITLE: D	NAME: HERMIT R GANN
STREET ADDRESS: 3521 SW 29 TER, #B	CITY-ST-ZIP: GAINESVILLE FL	4.2 NAME: HERMIT R GANN	4.3 STREET ADDRESS: 1270B SE B AVE
		4.4 CITY-ST-ZIP: GAINESVILLE FL	4.4 CITY-ST-ZIP: 32641-1382
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.2 NAME: [Blank]	5.3 STREET ADDRESS: [Blank]
		5.4 CITY-ST-ZIP: [Blank]	5.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.2 NAME: [Blank]	6.3 STREET ADDRESS: [Blank]
		6.4 CITY-ST-ZIP: [Blank]	6.4 CITY-ST-ZIP: [Blank]

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

SIGNATURE: [Signature] TIMOTHY O. AUSTIN 1/16/96 352-376-0679

CR2E037 (12/95)