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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
% TIMOTHY O. AUSTIN
3029 NORTH WEST 38TH STREET
GAINESVILLE FL 32608-8119
US

3. Date Incorporated or Qualified
12/16/1982
4. FEI Number
59-0247526
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1710 SW 76 TER 26 1710 SW 76 TER
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 GAINESVILLE FLA 28 GAINESVILLE FLA
Zip Country 29 Zip Country
24 32607-3418 25 USA 30 32607-3418 31 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TELLIER, JAMES R.	
STREET ADDRESS	3941 S.W. 1ST AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, RONALD C	
STREET ADDRESS	ROUTE 1, BOX 261	
CITY-ST-ZIP	ALACHUA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AUSTIN, TIMOTHY O.	
STREET ADDRESS	3029 N.W. 38TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANN, HERMIT R	
STREET ADDRESS	1270-B S.E. 8TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOM SCHELL	
1.3 STREET ADDRESS	228 NW 19 AVE	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32609	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDERSON, RONALD C	
2.3 STREET ADDRESS	12221 NW 157 ST	
2.4 CITY-ST-ZIP	ALACHUA FL 32615	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AUSTIN, TIMOTHY O.	
3.3 STREET ADDRESS	1710 SW 76 TER	
3.4 CITY-ST-ZIP	GAINESVILLE FL 32607-3418	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy O. Austin* TIMOTHY O. AUSTIN 2/13/98 (352) 332-1989

CR2E037 (10/97)