

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 # **840390** (9)

1. Corporation Name

MR. GATTI'S, INC.



Principal Place of Business

**819 WATER ST. STE 310
P.O. BOX 1522
KERRVILLE TX 78029-8522**

Mailing Address

**819 WATER ST. STE 310
P.O. BOX 1522
KERRVILLE TX 78029-8522**

2. Principal Place of Business

21 **444 Sidney Baker So**

Suite, Apt. #, etc.

22 **Kerrville, Tx**

City & State

23 **78028**

Zip

Country

24 **kerr**

25

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 **City & State**

City & State

28 **Zip**

Country

29 **FL**

30 **Zip Code**

3. Date Incorporated or Qualified

04/07/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

74-1810879

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Signature type 41 or 42 (if not a registered agent) and 43 (if not a director)

Signature type 43 (if not a registered agent) and 44 (if not a director)

DATE

12. OFFICERS AND DIRECTORS

TITLE **20** ☐ DELETE

NAME **BRINKMAN, L. D.**
STREET ADDRESS **444 SIDNEY BAKER SO.**
CITY-STATE-ZIP **KERRVILLE TX**

TITLE **SVPD** ☐ DELETE

NAME **LONGTIN, JOEL C**
STREET ADDRESS **444 SIDNEY BAKER SOUTH**
CITY-STATE-ZIP **KERRVILLE TX**

TITLE **SRVP** ☒ DELETE

NAME **STATEN, MIKE**
STREET ADDRESS **444 SIDNEY BAKER SO**
CITY-STATE-ZIP **KERRVILLE TX 78028**

TITLE **VPT** ☐ DELETE

NAME **RATCLIFFE, T.G.**
STREET ADDRESS **444 SIDNEY BAKER SO**
CITY-STATE-ZIP **KERRVILLE TX 78028**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CEO ☒ Change ☐ Addition

1 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2 NAME **President** ☒ Change ☐ Addition

23 STREET ADDRESS

24 CITY-STATE-ZIP

3 NAME ☐ Change ☐ Addition

33 STREET ADDRESS

34 CITY-STATE-ZIP

4 NAME ☐ Change ☐ Addition

43 STREET ADDRESS

44 CITY-STATE-ZIP

5 NAME ☐ Change ☒ Addition

53 STREET ADDRESS

54 CITY-STATE-ZIP

6 NAME ☐ Change ☐ Addition

63 STREET ADDRESS

64 CITY-STATE-ZIP

Controller

**Charles C. Thomas
444 Sidney Baker So
Kerrville, Tx 78028**

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:

Charles C. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Signature

CR2E034 (12/95)