

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

FILED
May 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 # **G70208** (5)
1. Corporation Name
G.A.T. TAMPA CORP

Principal Place of Business
**510 BRANCHTON CHURCH RD.
THONOTOSASSA FL 33582**

Mailing Address
**10501 BRANCHTON CHURCH ROAD
THONOTOSASSA FL 33582-2209
US**



2. Principal Place of Business 21 12001 CORY LAKE BLVD.		2a. Mailing Address 26 12001 CORY LAKE BLVD.		3. Date Incorporated or Qualified 11/14/1983		3a. Date of Last Report 02/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2340988		Applied For Not Applicable	
22 City & State TAMPA FL		27 City & State TAMPA FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33647		28 Zip 33647		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 US		29 US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THOMPSON, EUGENE E. 10501 BRANCHTON CH. RD. THONOTOSASSA FL 33592-6582				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 12001 CORY LAKE BLVD.			
83				84 City TAMPA			
				85 Zip Code FL 33647			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMASON, GENE	1.2 NAME	
STREET ADDRESS	10501 BRANCHTON CH RD	1.3 STREET ADDRESS	12001 CORY LAKE BLVD.
CITY-ST-ZIP	THONOTOSASSA FL	1.4 CITY-ST-ZIP	TAMPA, FL. 33647
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMASON, GENE	2.2 NAME	
STREET ADDRESS	10501 BRANCHTON CH. RD.	2.3 STREET ADDRESS	12001 CORY LAKE BLVD.
CITY-ST-ZIP	THONOTOSASSA FL	2.4 CITY-ST-ZIP	TAMPA, FL. 33647
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 as an attachment with an address.

CR2E034 (9/96)

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