

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 # **G95573** (3)

1. Corporation Name

**GATOR CONSTRUCTION COMPANY OF BREVARD, INC.**



Principal Place of Business

% DARLENE BROADWAY  
412 ELDRON BLVD. NE  
PALM BAY FL 32907

Mailing Address

% DARLENE BROADWAY  
412 ELDRON BLVD. NE  
PALM BAY FL 32907

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

BROADWAY, JAMES T  
412 ELDRON BLVD., N.E.  
PALM BAY FL 32907

3. Date Incorporated or Qualified

04/10/1984

3a. Date of Last Report

05/10/1995

4. FEI Number

59-2416153

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

C.K. Broadway

82

Street Address (P.O. Box Number is Not Acceptable)

412 ELDRON BLVD N.E.

83

84

City

Palm Bay

FL

85

Zip Code

32907

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

C.K. Broadway

(NOTE: Registered Agent's signature is required when re-registering)

DATE

1/12/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
BROADWAY, DARLENE  
412 ELDRON BLVD., N.E.  
PALM BAY FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V  
BROADWAY, JAMES T.  
1822 EDITH ST., N.E.  
PALM BAY FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST  
BROADWAY, CLIFFORD K.  
412 ELDRON BLVD., N.E.  
PALM BAY FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.K. Broadway

(407)

725-8049

CR2E034 (12/95)