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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # **H36677**

GATOR INVESTORS GROUP, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Jan 29, 1999 8:00am Secretary of State

01-29-1999 90053 043 ***150.00

FILED



Principal Plan	ce of Business	Mailing Address		- Y TOOLOOL BLOOD HILLO BELLE GILLE LABER LOOL DID	iti mimit nënit kikti nimit dikit tëni
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871 \$ TOWN F		871 S TOWN RIVER			•
FT MYERS FL 33919 FT MYERS FL 33		FT MYERS FL 33919	•	DO NOT WRITE IN THIS SPACE	
00		00		3. Date Incorporated or Qualifed	
				12/31/1984	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
<u>├</u>				Į.	
21 Suite Ant	# oto	Suite, Apt. #, etc.		59-2491633	Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	
22 City & Stat	**	City & State			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28	O	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	ed Agent
MOC	NOCY THOMAS E CO		81 Name		
MOOREY, THOMAS E., ESQ.			82 Street Address (P.O. Box Number is Not Acceptable)		
1700	ROYAL PALM SQ. BLVD.			· · · · · · · · · · · · · · · · · · ·	**, ***, ***
	TE 103		83		17.00 (12.5) (1.50) (1.0)
FTC	MYERS FL 33907		<u> </u>	1 经处理 电流 医线 医二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	[34] 307 5191 (16) 380 [24]
		•	84 City		85 Zip Còde
11. Pursuant	to the provisions of Sections 607 0500	2 and 607 1508 Florida Statute	es the above-named com	poration submits this statement for the nurnose	of changing its registered
office or i	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as registered
				,,	
😘 agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes.		
SIGNATURE			ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	1 and title if applicable. (NOTE:	ida Statules. Registered Agent signature requin	ed when reinstating) : ; DATE	
SIGNATURE	Signature, typed or printed name of registered agen	1 and title if applicable. (NOTE:	Registered Agent signature required 13.		AND DIRECTORS IN 12
SIGNATURE 12	Signature, typed or printed name of registered agen OFFICERS ANI	1 and title if applicable. (NOTE:	Registered Agent signature requin 13. 1.1 TITLE	ed when reinstating) : ; DATE	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS ANI PD HUNT, DAVID W.	1 and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating) : ; DATE	AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with (1) filling 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 hat 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 secure his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attainment with an addless with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP,

8746 F36N P. R. P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Mulgg

941-489-4660 Daytime Phone #

. . Addition

22E034 (11/98)