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

PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J03589

(5)

FLORIDA GATOR MOTORS, INC.

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Principal Place of Business Mailing Address									
% PHIL ORR 2805 KELLY PARK ROAD APOPKA FL 32712			% PHIL ORR 2805 KELLY APOPKA FL	% PHIL ORR 2605 KELLY PARK ROAD APOPKA FL 32712			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/12/1986		
_	Principal Place of Busi	ness	2a. Mailing Ad	idress			4. FEI Number	Applied For	
21			26	26			<u>59-2645116</u>	Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State		Crty & Star	Crty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	7ip 29				This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No	
9, Name and Address of Current Registered Agent							Name and Address of New Registered	Agent	
ORR, PHIL 2005 KELLY PARK ROAD APOPKA FL 32712				81	Name				
				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	74 07 151 72 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			63			· · · · · · · · · · · · · · · · · · ·	
					84	City	FL	85 Zip Code	
11	 office or registered ag 	gent, or both, in the St	0502 and 607,1508, Fk tate of Florida. Such ch oligations of, Section 60	iange was authoria	ed by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered	

SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PST DELETE 1.1 TITLE ☐ Change Addition TITLE ORR. PHIL NAME 1.2 NAME 2605 KELLY PARK ROAD STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ORR, PHIL 22 NAME NAME 2605 KELLY PARK ROAD STREET ADDRESS 23 STREET ADDRESS APOPKA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 111LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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

6.4 CITY-ST-ZIP