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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

GATOR TELECOM, INC.

## **FILED** May 12 1997 8:00am Secretary of State

Principal Place of Business Mailing Address											
4040 W CYPRESS 404				1040 W CYPRESS Tampa FL 33607-4807 US							
								3. Date Incorporated or Qualified 09/17/1986		ite of Last R <b>30/1996</b>	leport
2. Principal Place of Business			2a. 26	2a. Mailing Address 26			4. FEI Number 59-2719339		<del> </del>	oplied For ot Applicable	
Sulte, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	е		28	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country 25			Zip Cou 30				8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes X Yos X No			. 199.032,
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Re	gistered A	1gent	
	VRENCE, DA					81	name				
	SANDRING Z FL 33549	1AM LANE					Street Addre	ess (P.O. Box Number is Not Acceptable)			
						83					
						84	City		FŁ	85 Zip (	Code
11. Pursuant office or r agent. I a SIGNATURE		r printed name of registered in	Alwa agent and litte	e if <b>a</b> pplicable (NOI	11 : Registere			oration submits this statement for the pon's board of directors. I hereby accepted which reinstaling)	9-2 DATE	9-97	
12.	- <del> </del>	OFFICERS A	ND DIRE		18.		·····	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	LAMBENC	E, DAN S.		DELETE	1.1 10					☐ Change	Addition
NAME		DRINGHAM LANE			1.2 N		1000000				
STREET ADDRESS	LUTZ FL	MITORIAN CARE					ADDRESS				
CITY-ST-ZIP TITLE	VP			DELETE	2.1 Ti		3 - <b>Z</b> IP			Change	Addition
NAME	LAWRENC	E, CINDY S.		<del></del>	22 N					•	
STREET ADDRESS		DRINGHAM LANE			2.8 S	THEET	ADDRESS				
CITY-ST-ZIP	LUTZ FL				2.40	CITY- S	ST-ZIP				
TITLE			•	☐ DELETE	3.1 TI	ITLE				☐ Change	Addition
NAME					3.2 N						
STREET ADDRESS						-	ADDRESS				
CITY-ST-ZIP			<del></del>	DELETE			ST-ZIP			Change	Addition
TITLE				☐ DELETE	4.1 11						TTI MODITION
NAME OFFICE ADDRESS					4.21		ANCIDE DE				
STREET ADDRESS							ADDRESS S1-ZIP				
CITY-ST-ZIP TITLE	ļ			DELETE	4.4 C		81- ZIF	P		Change	☐ Addition
NAME	!				5.2 N			1		•	

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 of an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-7IP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

11-20.00

Change

Addition