

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

FILED

**Jan 17 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 # J36226 (5)

**1. Corporation Name:
GATOR R/C PRODUCTS, INC.**



**Principal Place of Business:
3713 POMPANO DRIVE
PENSACOLA FL 32514**

**Mailing Address:
3713 POMPANO DRIVE
PENSACOLA FL 32514-4737**

**3. Date Incorporated or Qualified: 10/03/1986
3a. Date of Last Report: 02/07/1996**

2. Principal Place of Business

2a. Mailing Address

**4. FEI Number: 59-2726752
Applied For: Not Applicable**

21. Suite Apt # etc:

26. Suite, Apt #, etc:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State:

27. City & State:

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. City & State:

28. City & State:

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

24. Zip Country:

29. Zip Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHIDGEY, RONALD W.
3713 POMPANO DR
PENSACOLA FL 32514**

**81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHIDGEY, RONALD W.	
STREET ADDRESS	3713 POMPANO DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHIDGEY, BETTY J.	
STREET ADDRESS	3713 POMPANO DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 on an attachment with an address.

SIGNATURE: Ronald W Chidgey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 904-494-0203
Date Daytime Phone #

CR2E034 (9/96)