FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:09

DOCUMENT # J88311 (2)

1. Corporation Name
GATOR DOCK & MARINE, INC.

Principal Place of Business	Mailing Address
2880 MELLONVILLE DR. SANFORD FL 32773-9604	2880 MELLONVILLE DR. SANFORD FL 32773-9604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/14/1987
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2836295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

LABRET, STEVEN MICHAEL
501 N. MAGNOLIA AVENUE
SUITE A
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 Section 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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPV	11 TITLE	DP	☒ Change ☐ Addition
NAME	MCCLOSKEY, A. JOSEPH	12 NAME		
STREET ADDRESS	2880 MELLONVILLE AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	VP	☒ Change ☒ Addition
NAME	MCCLOSKEY, M. JOYCE	22 NAME	Jon W. Fleischman	
STREET ADDRESS	2880 MELLONVILLE AVE.	23 STREET ADDRESS	2880 Mellonville Avenue	
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	Sanford, Florida 32773	
TITLE	S	31 TITLE	ST	☒ Change ☐ Addition
NAME	DOW, HELEN	32 NAME		
STREET ADDRESS	2880 MELLONVILLE AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on this 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 attached report.

SIGNATURE: A.J. McCloskey 3-6-95 407-323-0190
(Required) Signature and typed or printed name of officer or director (Date) (Telephone Number)

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