FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

JMENT # **J90593**

(1)

DOCUMENT #

GATOR BAIT SOFTWARE, INC.



Principal Place of Business Mailing Address					r nosina dina tanin danan anna seran ink anan asali dikik alam dibik kisik 1881		
1440 INDIAN TRAIL NORTH PALM HARBOR FL 34683		1440 INDIAN TRAIL MORTH PALM HARBOR FL 34683					
					3. Date Incorporated or Qualified 08/28/1987	3a. Date of La 04/18	
Principal Place of Busness Total		2a. Mailing Address 26		4. FEI Number Applied For 59-2902249 Not Applied be		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional			
22		27			5. Certificate of Status Desired		Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip	Cou	intry	This corporation has liability for in Florida Statutes		ler s 199.032,
24	25 9. Name and Address of Curre	29 29 Agent	30		Florida Statutes Yes 10, Name and Address of New Ro		
				81 Name	IV, Hame and Address of How H	shistered When	
ROMAN	I, THOMAS A						
2196 M				82 Street Ad	Address (P.O. Box Number is Not Acceptable)		
SUITE L				83			
DUNED	IN FL 34698						
				84 Gity		FL 85	Zip Code
or register familiar wi	to the provisions of Sections 607.050; red agent, or both, in the State of Flori th, and accept the obligations of, Sec	ida. Such change was authori z	e d by the c	ve-named corp corporation's bo	oration submits this statement for the purp and of directors. I hereby accept the appo	ose of changing intment as regist	Its registered office lered agent. I am
SIGNATURE	Signature, typed or purified name of registered agen	t and title if applicable. (NC	YE Registered	Agent signature requ	red when reinstaling)	DATE:	······
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS IN 12
TITLE	PTD	☐ DELETE	1.1 1	ITLE		Cha	CTORS IN 12
NAME	BENNETT, STEPHEN L	1.2 N 1.3 S		ME .			
STREET ADDRESS	1440 INDIAN TRAIL NORTH			REET ADDRESS			S L
CITY-ST-ZIP	PALM HARBOR FL VSD	☐ DELETE		TY-SI-7IP			
TITLE	BENNETT, LAUREL K					Cha	nge 🔲 Addition 🏻
NAME STREET ADDRESS	1440 INDIAN TRAIL NORTH		2.2 NA				
CITY - ST - ZIP	PALM HARBOR FL			REET ADDRESS			
TILE		☐ DELE1E	3, 1 7	TY-ST-ZIP		[] Cha	nge Addition
NAME			3.2 NA				
STREET ADDRESS				IREET ADORESS			
CITY-ST-ZIP				TY-ST-21P			
TIFLE		☐ DELETE	4.11	·		☐ Cha	nge [] Addition
NAME			4.2 NA	IME	90000189	Kasa	
STREET ADDRESS			4.3 ST	REET ADDRESS	90000183 -08/23/96010	07031	·
CITY-S1-Z-P			4.4 CI	TY-ST-ZIP	***225,00		
TITLE		DELETE	5 171	TLE		Cha	nge 🔲 Addition
NAME			5 2 NA	JM.			
STREET ADDRESS			5 3 ST	REET ADDRESS			
CITY-ST-7iP			5.4 CI	TY-ST-ZIP			
TITLE		DELETE	6 1 TI	TLF			nge 🔲 Addition
NAME			6 2 NA	ME		5-	22-96
STREET ADDRESS			63 ST	REFT ADDRESS		لے	DCR'
City-St-ZiP			64.01	IY-ST-ZIP		Я	

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/9 L

813-781-8006

Daylime Phone I