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FILED

Apr 21 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 # J91266 (3)

1. Corporation Name  
GATOR GAS MARKETING, INC.

Principal Place of Business

P.O. BOX 2562  
TAMPA FL 33601

Mailing Address

P.O. BOX 2562  
TAMPA FL 33601-2562

3. Date Incorporated or Qualified  
09/03/1987

3a. Date of Last Report  
04/09/1996

4. FEI Number

59-2925726

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SIMPSON, NATHAN B.  
111 E. MADISON STREET  
23RD FLOOR  
TAMPA FL 33602

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 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BRABSON, JOHN A JR  
STREET ADDRESS 111 MADISON ST  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE C  
NAME BAILEY, B.T.  
STREET ADDRESS 111 MADISON ST  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE T  
NAME UHL, JACK E.  
STREET ADDRESS 111 MADISON ST  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE CD  
NAME RANKIN, TOM L  
STREET ADDRESS 111 MADISON ST  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE AS  
NAME SIMPSON, NATHAN B  
STREET ADDRESS 111 MADISON ST  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE SAT  
NAME SCHINDLER, DAVID R.  
STREET ADDRESS 111 MADISON ST  
CITY-ST-ZIP TAMPA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

*Jack E. Uhl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack E. Uhl

4/1/97

(813) 273-0074

Date

Daytime Phone #

CR2E034 (9/96)