

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

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K15692** (2)  
1. Corporation Name  
**B.J. GATORS, INC.**



Principal Place of Business  
**% JOSEPH MENDOLIA**  
**4054 SHOAL LINE BLVD**  
**SPRING HILL FL 34607**

Mailing Address  
**% JOSEPH MENDOLIA**  
**4054 SHOAL LINE BLVD**  
**SPRING HILL FL 34607**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **BS Gators**  
22 Suite, Apt. #, etc.  
**4054 Shoal Line Blvd.**  
23 City & State  
**Spring Hill FL**  
24 Zip  
**34607**  
25 Country

2a. Mailing Address  
26 **BS Gators**  
27 Suite, Apt. #, etc.  
**4054 Shoal Line Blvd**  
28 City & State  
**Spring Hill FL**  
29 Zip  
**34607**  
30 Country

3. Date Incorporated or Qualified  
**02/22/1988**

4. FEI Number  
**59-2942953**  
Applied For  
☐ Not Applicable

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

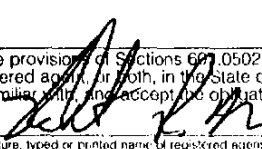
6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**MANCUSO, ROBERT**  
**4508 GULFSTREAM DR**  
**SPRING HILL FL 34607**

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, in 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

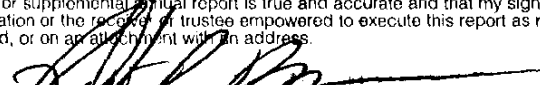
12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	MENDOLIA, JOSEPH	
STREET ADDRESS	4448 BAHAMA DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	MANCUSO, ROBERT	
STREET ADDRESS	4508 GULFSTREAM DRIVE	
CITY-ST-ZIP	SPRING HILL 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MANCUSO Robert	
1.3 STREET ADDRESS	4508 GULFSTREAM DR.	
1.4 CITY-ST-ZIP	Spring Hill FL.	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANCUSO Robert R.	
2.3 STREET ADDRESS	4654 SHOAL LINE BLVD.	
2.4 CITY-ST-ZIP	Spring Hill FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:  3/14/98 350 596-7160

CR2E034 (10/97)