

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K72291** (3)

1. Corporation Name
GATOR EQUIPMENT COMPANY, INC.



Principal Place of Business: **356 HWY 17 NORTH, P.O. BOX 1126, PALATKA FL 32178**
Mailing Address: **356 HWY 17 NORTH, P.O. BOX 1126, PALATKA FL 32178**

3. Date Incorporated or Qualified: **03/13/1989** 3a. Date of Last Report: **02/24/1995**
4. FEI Number: **59-2934732** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **SMITH, TITO, 601 ST JOHNS AVE, PALATKA FL 32177**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 617.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: SMITH, STUART STREET ADDRESS: 356 HIGHWAY 17 NORTH CITY-STATE-ZIP: PALATKA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP	NAME: SMITH, TITO S. STREET ADDRESS: P O DRAWER 1354 N/A CITY-STATE-ZIP: PALATKA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS	NAME: SMITH, VICKY STREET ADDRESS: 601 ST. JOHNS AVENUE CITY-STATE-ZIP: PALATKA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 president 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 change or deletion applies to an address.

SIGNATURE: *Stuart Smith* DATE: **2/15/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/96)