

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72998

(3)

1. Corporation Name

GATOR CONSTRUCTION CO., INC.

Principal Place of Business

968 CROSLY DR
DUNEDIN FL 34698

Mailing Address

P O BOX 743
DUNEDIN FL 34697

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1989

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2940717

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

10. Name and Address of New Registered Agent

FITZPATRICK, DALE
968 CROSLY DRIVE
DUNEDIN FL 34698

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

968 CROSLY DR

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FITZPATRICK, DALE E.
STREET ADDRESS	P.O. BOX 743 NA
CITY- ST- ZIP	DUNEDIN FL
TITLE	D
NAME	FITZPATRICK, WANDA K.
STREET ADDRESS	P.O. BOX 743 NA
CITY- ST- ZIP	DUNEDIN FL
TITLE	D
NAME	LAUGHLIN, PAUL R.
STREET ADDRESS	P.O. BOX 743 NA
CITY- ST- ZIP	DUNEDIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	968 CROSLY DR / P.O. BOX 743
1.4 CITY- ST- ZIP	DUNEDIN FL 34698 / 34697
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	968 CROSLY DR / P.O. BOX 743
2.4 CITY- ST- ZIP	DUNEDIN FL 34698 / 34697
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	968 CROSLY DR / P.O. BOX 743
3.4 CITY- ST- ZIP	DUNEDIN FL 34698 / 34697
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 was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Wanda Fitzpatrick Sec/Treas WANDA FITZPATRICK 8/8/95 (813) 733-5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (3/95)