
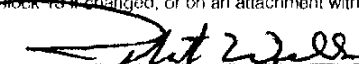


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 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 # K84599 (5)			
1. Corporation Name GATOR SMR, INC.			
Principal Place of Business C/O ROBERT H. WEBB, JR. 7920 EAST GOSPEL ISLAND RD. INVERNESS FL 32650		Mailing Address 7920 C/O ROBERT H. WEBB, JR. 7920 E. GOSPEL ISLAND ROAD INVERNESS FL 34450-2718 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent WEBB, ROBERT H., JR. 7920 EAST GOSPEL ISLAND RD. INVERNESS FL 32650		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	VP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	WHITEHEAD, CHARLES E.	1.1 TITLE	
STREET ADDRESS	5326 B, SOUTH FLORIDA	1.2 NAME	
CITY - ST - ZIP	INVERNESS FL	1.3 STREET ADDRESS	
TITLE	ST	1.4 CITY - ST - ZIP	
NAME	WEBB, ROBERT H., JR.	2.1 TITLE	
STREET ADDRESS	7920 E. GOSPEL ISLAND RD	2.2 NAME	
CITY - ST - ZIP	INVERNESS FL	2.3 STREET ADDRESS	
TITLE	P	2.4 CITY - ST - ZIP	
NAME	MACDONALD, DAVID	3.1 TITLE	
STREET ADDRESS	213 COLONY SPRINGS LANE	3.2 NAME	
CITY - ST - ZIP	MAITLAND FL	3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		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: 		3-24-97 352726-9389	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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