

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L87373**

(1)

1. Corporation Name

**GATOR HARVESTING INC.**



Principal Place of Business

**891 DEVIL'S GARDEN ROAD  
LABELLE FL 33935-4012**

Mailing Address

**891 DEVIL'S GARDEN ROAD  
LABELLE FL 33935-4012**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified  
**07/16/1990**

3a. Date of Last Report  
**04/13/1995**

4. FEI Number  
**65-0214860**

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

**BURCHARD, GEORGE F. SR.  
FORT DENAUD ROAD  
LABELLE FL 33935**

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	<input type="checkbox"/> DELETE
NAME	BURCHARD, GEORGE F. SR.	
STREET ADDRESS	FORT DENAUD ROAD	
CITY-STATE-ZIP	LABELLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOBLES, LEWIS J. JR.	
STREET ADDRESS	620 FORT THOMPSON AVENUE	
CITY-STATE-ZIP	LABELLE FL	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	Kevin M Thompson	
STREET ADDRESS	1805 Fort Denaud Road	
CITY-STATE-ZIP	LaBelle, FL 33935	
TITLE	V	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	DC Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	VTSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kevin M Thompson
3.3 STREET ADDRESS	1805 Fort Denaud Road
3.4 CITY-STATE-ZIP	LaBelle FL 33935
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lewis J Nobles, III
4.3 STREET ADDRESS	596 Ft. Thompson Avenue
4.4 CITY-STATE-ZIP	LaBelle, FL 33935
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anthony Pascher
5.3 STREET ADDRESS	891 Devils Garden Rd
5.4 CITY-STATE-ZIP	LaBelle FL 33935
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 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:

*Kevin M Thompson, Vice Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96

941 675-6699

Date

Daytime Phone #

CR2E034 (12/95)