FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 19 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 # **L87373** **(1)**

1. Corporation Name
GATOR HARVESTING INC.

Principal Place of Business	Mailing Address
891 DEVIL'S GARDEN ROAD **LABELLE FL 33935-4012**	**891 DEVIL'S GARDEN ROAD** **LABELLE FL 33935**

3. Date Incorporated or Qualified: **07/16/1990**
3a. Date of Last Report: **02/27/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

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

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

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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BURCHARD, GEORGE F. SR.		1.2 NAME		
STREET ADDRESS	FORT DENAUD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		1.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOBLES, LEWIS J. JR.		2.2 NAME		
STREET ADDRESS	620 FORT THOMPSON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		2.4 CITY-ST-ZIP		
TITLE	VTSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, KEVIN M		3.2 NAME		
STREET ADDRESS	1805 FORT DENAUD RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NOBLES, LEWIS III		4.2 NAME		
STREET ADDRESS	596 FTTHOMPSAON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PASCHER, ANTHONY		5.2 NAME		
STREET ADDRESS	891 DEVILS GARDEN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Kevin M Thompson 2-12-97 941675669