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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

GATOR HARVESTING INC.

SIGNATURE: KEVIN

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

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

M. THOM PYON

Suite, Apt. #, etc.

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891 DEVIL'S GARDEN ROAD LABELLE FL 33935-4012

**FILED** Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 07/16/1990

65-0214860

5. Certificate of Status Desired

3-31-98

941-675-6699

4. FEI Number

City & State	)	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the current year Intangible		
24		29	30			Personal Property Tax due June 30.  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				ויי	Name		}	
				12	Street Addre	ess (P.O. Box Number is Not Acceptable)		
				1		· · · · · · · · · · · · · · · · · · ·		
			8	83			Į	
			8	4	City	85 Zip Coo	de	
						FL 63 Zip cox		
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 agont, 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. Register			\gen	nt signature require	ad when reinstating) DATE		
12.			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1	N 12 Addition	
TITLE	BURCHARD, GEORGE F. SR.					C Change L	T MUDITION	
NAME	FORT DENAUD ROAD		1.2 NAM					
STREET ADDRESS	LADELLC CI		4	1.3 STREET ADDRESS			}	
CITY-ST-ZIP			_	1.4 CITY - ST - ZIP		Change	Addition	
TITLE	NOBLES, LEWIS J. JR.		2.1 TITLE 2.2 NAM			L. Change L	_ vagicion	
NAME	AGO FORT THOMPSON AVENUE						}	
STREET ADORESS	I ADELLE EL			2.3 STREET ADDRESS			1	
CITY-ST-ZIP	VISD	☐ DELETE	2 4 CITY 3.1 TITLE		T-ZIP	☐ Change	Addition	
TITLE	THOMPSON, KEVIN M		3.2 NAM	-	ſ			
NAME	ARREST PORT PONALID OD				1000000			
STREET ADORESS		ADDILL DI AGGE			ADDRESS		ł	
CITY-ST-ZIP TITLE	VD	DELETE	3.4. CITY 4.1 TITLE		1-212	Change	Addition	
NAME	NOBLES, LEWIS III		4.1 HE	_	-	Committee F	_ //30///	
STREET ADDRESS	596 FTTHOMPSAON AVE			4.2 NAME			1	
	LABOUR CLOSSOF			4.4 CITY - ST - ZIP				
CITY-ST-ZIP TITLE		DELETE	51 TITL		- 211	Change	Addition	
NAME			5.2 NAM	-		Statings	_	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CITY		-		ļ	
TITLE		DELETE	6.1 TITLE		- 28	Change [	Addition	
NAME			5.2 NAM	_				
STREET ADDRESS					ADDRESS		1	
CITY-ST-ZIP			6.4 CITY		- 1		Ì	
14. I hereby	certify that the information supplied with	this filing does not qualify f	or the exen	not	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the inf	ormation	
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.								