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FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L87545

(4)

1. Corporation Name:

GATOR MACHINE, INC.

Principal Place of Business:

1213 SE 24TH STREET
CAPE CORAL FL 33990

Mailing Address:

1213 SE 24TH STREET
CAPE CORAL FL 33990-4635

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PESEK, LAURENCE J.
1213 SE 24TH ST.
CAPE CORAL FL 33990

3. Date Incorporated or Qualified

07/16/1990

3a. Date of Last Report

06/27/1996

4. FET Number

65-0207243

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

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
officer or registered agent, or both, in the State of Florida, such change was authorized
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the above-named corporation submits this statement for the purpose of changing its registered
agent by the corporation's board of directors. I hereby accept the appointment as registered
agent.

SIGNATURE

Signature of the person filing the report, or the registered agent, or both, if applicable.

(NOTE: Register

Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY, ST, ZIP

39. TITLE

40. NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY, ST, ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY, ST, ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY, ST, ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY, ST, ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY, ST, ZIP

42. TITLE

SIGNATURE:

Laurence J. Pesek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

3-17-97 (941) 772-3607

Date

Daytime Phone #

0404849

CR2E034 (9/96)