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 # **L89121** **(2)**

1. Corporation Name
ALLIGATOR ALLEY, INCORPORATED

Principal Place of Business	Mailing Address
19201 GULF BLVD. MADEIRA BEACH FL 33708 US	11050 SPRING ST. LARGO FL 34644 US

3. Date Incorporated or Qualified: 07/11/1990
3a. Date of Last Report: 05/01/1995

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

2a. Mailing Address
26 12901 GULF BLVD
Suite, Apt. #, etc. 27 UNIT 7A
City & State 28 MADERIA BEACH FL
Zip 29 33708 Country 30

4. FEI Number: 65-0204578 — ☐ 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

CHITWOOD, BARBARA A.
15023 GULF BLVD
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name: GARY M. ChiTWOOD
82 Street Address (P.O. Box Number is Not Acceptable): 12901 GULF BLVD UNIT 7A
83
84 City: MADEIRA BEACH FL 85 Zip Code: 33708

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] 04-15-96 DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	CHITWOOD, BARBARA A	
STREET ADDRESS	11050 SPRING ST	
CITY-ST-ZIP	LARGO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☑ Change ☑ Addition
1.2 NAME	ChiTWOOD, GARY M	
1.3 STREET ADDRESS	1339 RUSSELL DR. N	
1.4 CITY-ST-ZIP	ST. PETE FL 33710	
2.1 TITLE	S/T	☐ Change ☑ Addition
2.2 NAME	HORODECK, ROBERT A M	
2.3 STREET ADDRESS	1339 RUSSELL DR N	
2.4 CITY-ST-ZIP	ST. PETE. FL 33710	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: [signature] GARY M. ChiTWOOD 04-15-96 813399-8138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)