**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M73460

1. Corporation Name

**GATOR-Q CORPORATION** 

**FILED** Jan 20, 1999 8:00am **Secretary of State** 

01-20-1999 90024 049 \*\*\*150.00

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Principal Place	e of Business	Mailing Address						0.0,, 0.0,, 0.0,	
2103 SHORTER	! AVE	2103 SHORTER AVE							
ROME GA 3016	35	ROME GA 30165				201107	WOITE IN TH	0.00405	
US		US					WRITE IN TH	S SPACE	
						3. Date Incorporated or Qual 03/24/1988	illea		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		1	Applied For
21		26				65-0048111		1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗀	\$8.75	Additional
22		27				5. Certificate of Status Desire	;u []	Fee F	Required
City & State	e	City & State		-		6. Election Campaign Finance	ing 🗆	\$5.00	May Be
23		28				Trust Fund Contribution	U	Added	to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the	current year I	ntangible	
24	25	29 3	30			Personal Property Tax.		☐ Yes .	<b>⊡</b> No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of N	ew Registere	d Agent	
Ì			1	81 N	ame				
	DNER, MERRITT A		-	32 S	treet Addre	ess (P.O. Box Number is Not Acc	ceptable)		
	EAST JACKSON STREET			·-	55, 7 10411	(		<u>e I </u>	
	E 2650		1	83					
TAMI	PA FL 33602		L		••		<del></del>		Codo
			'	84 C	ity		F	L  85  Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ove-na	med corpo	oration submits this statement for	the purpose of	of changing it	s registered
office or re	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	thorized I	by the	corporatio	on's board of directors. I hereby a	ccept the app	pintment as I	registered
									1
SIGNATURE								· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered ag			gent sigr	nature required	d when reinstating)	DATE	ND DIRECT	ODE IN 12
12.	OFFICERS A	ND DIRECTORS	13.		nature required	d when reinstating) ADDITIONS/CHANGES TO			
12.	OFFICERS A		13. 1.1 TITL	E	nature required			ND DIRECT	
12. TITLE NAME	OFFICERS A PD GARDNER, CURTIS L.	ND DIRECTORS	13. 1.1 TITL 1.2 NAM	E IE					
12. TITLE NAME STREET ADDRESS	OFFICERS A PD GARDNER, CURTIS L. 4 KENSINGTON ROAD, S.W.	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E IE EET AOD	PRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD GARDNER, CURTIS L. 4 KENSINGTON ROAD, S.W. ROME GA 30165	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E IE EET AOD	PRESS			☐ Change	Addition
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14. I 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, with all other like empowered.

SIGNATURE:

SIGN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING