SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:16

DOCUMENT # **N24587** **(0)**

1. Corporation Name
FLORIDA ALLIGATOR TRAPPERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8755 BATTEN RD P. O. BOX 3134 ST AUGUSTINE FL 32092 US	8755 BATTEN ROAD P. O. BOX 3134 ST AUGUSTINE FL 32092 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0221183 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 1171	26 P.O. BOX 1171
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GREEN COVE SPRINGS, FL	City & State 28 GREEN COVE SPRINGS, FL
Zip / County 24 43043 / 25 US	Zip / County 29 32043 / 30 US

9. Name and Address of Current Registered Agent

MATTOX, DAVIE E
8755 BATTEN ROAD
ST AUGUSTINE FL 32092

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: David E. Mattox — David E. Mattox D-S-T — 6-25-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	NO LONGER DIRECTOR	☒ Change ☐ Addition
NAME	FAGAN, J.M.	12 NAME		
STREET ADDRESS	15911 LAKE IOLA RD	13 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	MATTOX, DAVID	22 NAME		
STREET ADDRESS	8755 BATTEN RD	23 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	24 CITY-ST-ZIP		
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	TAFF, HOUSTON	32 NAME		
STREET ADDRESS	RT 3 BOX 5061	33 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WOOLARD, JOHN	42 NAME		
STREET ADDRESS	P O BOX 1846, N A	43 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	44 CITY-ST-ZIP		
TITLE	DVP	51 TITLE		☐ Change ☐ Addition
NAME	STRATTON, RUFUS	52 NAME		
STREET ADDRESS	3151 STRATTON BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☒ Addition
NAME	FRENCH, JOHN R.	62 NAME		
STREET ADDRESS	17530 NALLE RD.	63 STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS, FL 33917	64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David E. Mattox — David E. Mattox D-S-T — 6-25-95 — 904-284-9345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017070