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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N24587 (0)**

1. Corporation Name

**FLORIDA ALLIGATOR TRAPPERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 1171  
P. O. BOX 3134  
GREEN COVE SPRINGS FL 43043  
USP O BOX 1171  
P. O. BOX 3134  
GREEN COVE SPRINGS FL 32043-1171  
US

3. Date Incorporated or Qualified

01/29/1988

3a. Date of Last Report

02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

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**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTOX, DAVE E  
8755 BATTEN ROAD  
ST AUGUSTINE FL 32092

81 Name

MATTOX, DAVID E.

82 Street Address (P.O. Box Number is Not Acceptable)

1929 FUZZY LN.

83

84 City GREEN COVE SPRINGS

FL

85 Zip Code 32043

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 Sec./TREAS. DATE 2-10-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS FRENCH, JOHN R  
CITY - ST - ZIP 17530 NALLE RD  
N FT MEYRS FLTITLE ☐ DELETE  
NAME DST  
STREET ADDRESS MATTOX, DAVID  
CITY - ST - ZIP 8755 BATTEN RD  
ST AUGUSTINE FLTITLE ☐ DELETE  
NAME DP  
STREET ADDRESS TAFF, HOUSTON  
CITY - ST - ZIP RT 3 BOX 5061  
CRAWFORDVILLE FLTITLE ☐ DELETE  
NAME D  
STREET ADDRESS WOOLARD, JOHN  
CITY - ST - ZIP P O BOX 1848, N A  
STUART FLTITLE ☐ DELETE  
NAME DVP  
STREET ADDRESS STRATTON, RUFUS  
CITY - ST - ZIP 3151 STRATTON BLVD  
ST. AUGUSTINE FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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 DATE 2-10-97 904-284-9215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000471

CR2E037 (9/96)