

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90049 022 ****61.25

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DOCUMENT # N24587

1. Corporation Name

FLORIDA ALLIGATOR TRAPPERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 1171

~~P. O. BOX 3134~~

GREEN COVE SPRINGS FL 32043

US

Mailing Address

P O BOX 1171

~~P. O. BOX 3134~~

GREEN COVE SPRINGS FL 32043

US



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23 Green Cove Springs, FL 32043

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

3. Date Incorporated or Qualified

01/29/1988

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

9. Name and Address of Current Registered Agent

MATTOX
MATTOX, DAVID E
1829 FUZZY LN., P. O. Box 1171
GREEN COVE SPRINGS FL 32043

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FRENCH, JOHN R

STREET ADDRESS 17530 NALLE RD

CITY-ST-ZIP N FT MEYRS FL

TITLE DST ☐ DELETE

NAME MATTOX, DAVID

STREET ADDRESS 8755 BATTEN RD

CITY-ST-ZIP ST AUGUSTINE FL

TITLE DP ☐ DELETE

NAME TAFF, HOUSTON

STREET ADDRESS RT 3 BOX 5061

CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☐ DELETE

NAME WOOLARD, JOHN

STREET ADDRESS P O BOX 1846, N A

CITY-ST-ZIP STUART FL

TITLE DVP ☐ DELETE

NAME STRATTON, RUFUS

STREET ADDRESS 3151 STRATTON BLVD

CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 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 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, with all other like empowered.

SIGNATURE:

DAVID E. MATTOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99

Date

904-284-9501

Daytime Phone #

CR2E037 (11/98)