FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001985 (1)

1. Corporation Name

GATORTOWN GATORS, INC.

Principal Place of Business
P.O. Box 90255
~~1718 SOUTHWEST 86TH TERRACE~~
GAINESVILLE FL 32607

Mailing Address
P.O. Box 90255
~~1718 SOUTHWEST 86TH TERRACE~~
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3105832 ☐ Applied For ☐ Not Applicable

	Principal Place of Business	Mailing Address
2.	21 P.O. Box 90255	26 P.O. Box 90255
Suite, Apt. #, etc.	22 GAINESVILLE FL.	27 GAINESVILLE FL
City & State	23	28
Zip / Country	24 32607 / 25 USA	29 32607 / 30 USA

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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRAWN, WILLIAM C
~~1718 SOUTHWEST 86TH TERRACE~~ [redacted]
GAINESVILLE FL 32607

OK (R)

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 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: _____ DATE
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WOJCIK, DAN	12 NAME	WINDHAM, JOE	
STREET ADDRESS	5227 N.W. 59TH LANE	13 STREET ADDRESS	4410 N.W. 19TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VD	21 TITLE	VD	☐ Change ☒ Addition
NAME	WINDHAM, JOE	22 NAME	MORROW, ALAN	
STREET ADDRESS	507 N.W. 39TH ROAD	23 STREET ADDRESS	P.O. Box 7039	N/A
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	STRAWN, PAULA	32 NAME	STRAWN, PAULA	
STREET ADDRESS	1718 SOUTHWEST 86TH TERRACE	33 STREET ADDRESS	1718 SW 86TH TERRACE	
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP	GAINESVILLE FL 32607	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	REID, LAWRENCE R JR.	42 NAME	REID, LAWRENCE R, JR.	
STREET ADDRESS	10910 N.W. 15TH TERRACE	43 STREET ADDRESS	10910 N.W. 15TH PLACE	
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP	GAINESVILLE FL 32606	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	STRAWN, BILL	52 NAME	WOJCIK, DAN	
STREET ADDRESS	1718 SOUTHWEST 86TH TERRACE	53 STREET ADDRESS	5227 N.W. 59TH LANE	
CITY ST ZIP	GAINESVILLE FL	54 CITY ST ZIP	GAINESVILLE FL 32605	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: _____ 3/24/95 904-373-2035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LAWRENCE R. REID JR. TREASURER