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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000001985 (1)**

1. Corporation Name

GATORTOWN GATORS, INC.



Principal Place of Business

Mailing Address

PO BOX 90255
GAINESVILLE FL 32607
US

PO BOX 90255
GAINESVILLE FL 32607
US

3. Date Incorporated or Qualified

04/29/1993

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAWN, WILLIAM C
1718 SOUTHWEST 86TH TERRACE
GAINESVILLE FL 32607

81 Name

BOE, RICHARD

82

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

1300 N.W. 31st Street

83

84

City

Gainesville

FL

85 Zip Code

32605

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

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

RICHARD I. Boe

3/18/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOJCIK, DAN	
STREET ADDRESS	5227 N.W. 59TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINDHAM, JOE	
STREET ADDRESS	4410 NW 19 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STRAWN, PAULA	
STREET ADDRESS	1718 SOUTHWEST 86TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REID, LAWRENCE R JR.	
STREET ADDRESS	10910 N.W. 15TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRAWN, BILL	
STREET ADDRESS	1718 SOUTHWEST 86TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOE, RICHARD	
1.3 STREET ADDRESS	1300 N.W. 31st St.	
1.4 CITY-ST-ZIP	Gainesville, FL 32605	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WINDHAM, JOE	
2.3 STREET ADDRESS	4410 N.W. 19 AVE	
2.4 CITY-ST-ZIP	Gainesville, FL 32605	
3.1 TITLE	6D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANNE PERUSEK, ANNE	
3.3 STREET ADDRESS	4634 N.W. 12th PL	
3.4 CITY-ST-ZIP	Gainesville, FL 32605	
4.1 TITLE	TP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN GERBER, J	
4.3 STREET ADDRESS	1126 NW 67th St	
4.4 CITY-ST-ZIP	Gainesville, FL 32605	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WEVER, EMMETT	
5.3 STREET ADDRESS	6606 SW 146th PL	
5.4 CITY-ST-ZIP	MICANOPY, FL 32667	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John F. Gerber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

(352) 332-8225

Date

Daytime Phone #

CR2E037 (12/95)