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FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
USPO BOX 90255
GAINESVILLE FL 32607-0255
US

3. Date Incorporated or Qualified

04/29/1993

3a. Date of Last Report

03/20/1996

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**

4. FEI Number

59-3105832

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

**BOE, RICHARD
1300 NW 31ST STREET
GAINESVILLE FL 32605**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOE, RICHARD	
STREET ADDRESS	1300 NW 31 STREET	
CITY - ST - ZIP	GAINESVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINDHAM, JOE	
STREET ADDRESS	4410 NW 19 AVE	
CITY - ST - ZIP	GAINESVILLE FL	

2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patrick Fitzgerald	
2.3 STREET ADDRESS	3736 SW 3rd Pl	
2.4 CITY - ST - ZIP	Gainesville, FL 32607	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PERUSEK, ANNE	
STREET ADDRESS	4834 NW 12TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	TP	<input type="checkbox"/> DELETE
NAME	GERBER, J.	
STREET ADDRESS	1126 NW 57TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEVER, EMMETT	
STREET ADDRESS	6606 SW 146TH PLACE	
CITY - ST - ZIP	MICANOPY FL	

5.1 TITLE	President Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lavelle Mount	
5.3 STREET ADDRESS	4903 NW 41st St	
5.4 CITY - ST - ZIP	Gainesville, FL 32606	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. GERBER (M) 2-3-97

Date

352-332-8225
Daytime Phone #0011077

CR2E037 (9/96)