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 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004162 (3)**

1. Corporation Name

GATOR ATTACK CLUB, INC.

Principal Place of Business	Mailing Address
5415 N.W. 54TH DRIVE GAINESVILLE FL 32606	5415 N.W. 54TH DRIVE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:
4. FEI Number: 59-3164848 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 5409 SW 80 Street	2a. Mailing Address 26 P.O. Box 142464	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip / Country 24 32608 / 25 USA	Zip / Country 29 32614 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRAPANIER, DOTTIE
5415 N.W. 54TH DRIVE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Don Peters
82 Street Address (P.O. Box Number is Not Acceptable): 5409 SW 80 Street
83
84 City: Gainesville FL 85: 32608

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: [signature] Don Peters 27 April 1995
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	TREPANIER, DOTTIE	12 NAME	Don Peters	
STREET ADDRESS	5415 N.W. 54TH DRIVE	13 STREET ADDRESS	5409 SW 80 St.	
CITY-ST-ZIP	GAINESVILLE FL 32606	14 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	TREPANIER, LEE	22 NAME	Terry L. Tougaw	
STREET ADDRESS	5415 N.W. 54TH DRIVE	23 STREET ADDRESS	1225 N.E. 20 Place	
CITY-ST-ZIP	GAINESVILLE FL 32606	24 CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
NAME	PETERS, DON	32 NAME	Lee Trepanier	
STREET ADDRESS	5409 S.W. 80TH STREET	33 STREET ADDRESS	5415 NW 54 Drive	
CITY-ST-ZIP	GAINESVILLE FL 32608	34 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	ANDERSON, STACEY	42 NAME	Gigi Moore	
STREET ADDRESS	701 S.W. 62ND BLVD.	43 STREET ADDRESS	2317 NW 69 Terrace	
CITY-ST-ZIP	GAINESVILLE FL 32607	44 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

JB 6/16
Deposited by Bank

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: [signature] Terry L. Tougaw 4/17/95 (904) 955 7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030190