FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N94000004162 (3)**

1. Corporation Name
GATOR ATTACK CLUB, INC.

Principal Place of Business	Mailing Address
5409 SW 80 STREET GAINESVILLE FL 32608 US	P.O. BOX 142464 GAINESVILLE FL 32614

2. Principal Place of Business 21 5415 NW 54 Drive	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 142464
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip / Country 24 32653 / 25 USA	Zip / Country 29 32614 / 30 USA

3. Date Incorporated or Qualified 08/17/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3164848	☐ 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
PETERS, DON 5409 SW 80 STREET GAINESVILLE FL 32608	81 Name: Lee Trepanier 82 Street Address (P.O. Box Number is Not Acceptable): 5415 NW 54 Drive 83 84 City: Gainesville FL 85 Zip Code: 32653

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 Lee Trepanier Lee TREPANIER 6/13/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETERS, DON 5409 SW 80 ST GAINESVILLE FL 32608	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Lee Trepanier 5415 NW 54 Drive Gainesville, FL 32653	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TOUGAW, TERRY L 1225 N.E. 20 PLACE GAINESVILLE FL 32609	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PD Terry L. Tougaw 1225 NE 20 Place Gainesville, FL 32609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TREPANIER, LEE 5415 NW 54 DRIVE GAINESVILLE FL 32606	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TD Nancy L. Holloway 5521 NW 33 Street Gainesville, FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOORE, GIGI 2317 NW 69 TERRACE GAINESVILLE FL 32606	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Christie Wilcox, SD Route 2, Box 131 T Hawthorne, FL 32640	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Lee Trepanier Lee TREPANIER 6/13/96 352-371-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #