

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 # **N95000000171 (7)**

1. Corporation Name

THE FLORIDA ROLL'N GATORS, INC.

600001787016

-04/19/96--01026--039

***\$61.25



Principal Place of Business

Mailing Address

POST OFFICE BOX 695
TAVERNIER FL 33070-0695

POST OFFICE BOX 695
TAVERNIER FL 33070-0695

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

July 6, 1995

2. Principal Place of Business

2a. Mailing Address

21 Post Office Bx 695

26 Same AS ABOVE

4. FEI Number

2609 TAX EXEMPT

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 TAVERNIER, FL

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 330070-0695 Monrovia

29

30

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

**CLARK, DAVID J
5177 ISLAND VIEW CIRCLE-SOUTH
POLK CITY FL 33868-8901**

81 Name

DORIS DUBE'

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

474 WASHINGTON CT.

83

84 City

FT. Myers Bch.

FL

85 Zip Code

33931

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 617.0502, Florida Statutes.

SIGNATURE

Doris Dube'

1-29-96

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 **D** ☐ DELETE
NAME **DAVIDSON, MILLIE**
STREET ADDRESS **128 VASSAR DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33460-6357**

1.1 TITLE **D DAVIDSON, MILLIE** ☐ Change ☐ Addition
1.2 NAME **128 VASSAR Drive**
1.3 STREET ADDRESS **LAKE WORTH, FL 33460-6357**
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TONEY, BILL**
STREET ADDRESS **5117 ISLAND VIEW CIRCLE-SOUTH**
CITY-ST-ZIP **POLK CITY FL 33868-8901**

2.1 TITLE **TONEY, Bill** ☐ Change ☐ Addition
2.2 NAME **5117 ISLAND View Circle South**
2.3 STREET ADDRESS **POLK CITY, FL 33868-8901**
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KNOUSE, LLOYD**
STREET ADDRESS **154 SAN REMO DRIVE**
CITY-ST-ZIP **ISLAMORADA FL 33036-3307**

3.1 TITLE **D KNOUSE, LLOYD** ☐ Change ☐ Addition
3.2 NAME **154 SAN REMO DR.**
3.3 STREET ADDRESS **ISLAMORADA, FL 33036-3307**
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **CHANDLER, CLYDE**
STREET ADDRESS **P.O. BOX 695**
CITY-ST-ZIP **TAVERNIER FL 33070-0695**

4.1 TITLE **P CHANDLER, CLYDE** ☐ Change ☐ Addition
4.2 NAME **P.O. Box 695 NA**
4.3 STREET ADDRESS **TAVERNIER, FL 33070-0695**
4.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **CARPENTON, EARL**
STREET ADDRESS **96000 OVERSEAS HIGHWAY, #W4**
CITY-ST-ZIP **KEY LARGO FL 33037**

5.1 TITLE **VP CARPENTER, EARL** ☐ Change ☐ Addition
5.2 NAME **96000 Overseas Hwy #W4**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **SANDS, MARSHALL**
STREET ADDRESS **142 VALENCIA DRIVE**
CITY-ST-ZIP **ISLAMORADA FL 33036**

6.1 TITLE **VP SANDS, MARSHALL** ☐ Change ☐ Addition
6.2 NAME **142 VALENCIA Drive**
6.3 STREET ADDRESS **ISLAMORADA FL 33036**
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:

Clyde J. Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLYDE J. CHANDLER

1-29-96

Date

941-463-0519

SC-11-19-96

CR2E037 (12/95)