


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000171 (7)**

1. Corporation Name

THE FLORIDA ROLL'N GATORS, INC.



Principal Place of Business POST OFFICE BOX 695 TAVERNIER FL 33070-0695	Mailing Address POST OFFICE BOX 695 TAVERNIER FL 33070-0695
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3. Date Incorporated or Qualified 01/09/1995	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 142 Valencia Drive Suite, Apt. #, etc.	2a. Mailing Address 26 142 Valencia Drive Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State 23 Islamorada, FL 33036	27 City & State 28 Islamorada, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33036	25 Country USA	29 Zip 33036	30 Country USA

9. Name and Address of Current Registered Agent DUBE, DORIS 474 WASHINGTON CT FT MYERS BEACH FL 33931	10. Name and Address of New Registered Agent 81 Name Walpole, Ruth 82 Street Address (P.O. Box Number is Not Acceptable) 154 San Remo Drive 83 84 City Islamorada, FL 85 Zip Code 33036
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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 *Ruth Walpole* **RUTH WALPOLE** **4-12-97**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIDSON, MILLIE		1.2 NAME Sands, Marshall	
STREET ADDRESS 128 VASSAR DRIVE		1.3 STREET ADDRESS 142 Valencia Drive	
CITY-ST-ZIP LAKE WORTH FL 33460-6357		1.4 CITY-ST-ZIP Islamorada, FL 33036	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TONEY, BILL		2.2 NAME Clark, David	
STREET ADDRESS 5117 ISLAND VIEW CIRCLE-SOUTH		2.3 STREET ADDRESS 5177 Island View Circle S	
CITY-ST-ZIP POLK CITY FL 33868-8901		2.4 CITY-ST-ZIP Polk City, FL 33868	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KNOUSE, LLOYD		3.2 NAME Sands, Judy	
STREET ADDRESS 154 SAN REMO DRIVE		3.3 STREET ADDRESS 142 Valencia Drive	
CITY-ST-ZIP ISLAMORADA FL 33036-3307		3.4 CITY-ST-ZIP Islamorada, FL 33036	
TITLE P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHANDLER, CLYDE		4.2 NAME Courtney, Al	
STREET ADDRESS P.O. BOX 695 N/A		4.3 STREET ADDRESS 2510 SE 7TH PL	
CITY-ST-ZIP TAVERNIER FL 33070-0695		4.4 CITY-ST-ZIP HOMESTEAD, FL 33033	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARPENTON, EARL		5.2 NAME Knouse, Lloyd	
STREET ADDRESS 96000 OVERSEAS HIGHWAY, #W4		5.3 STREET ADDRESS 154 San Remo Drive	
CITY-ST-ZIP KEY LARGO FL 33037		5.4 CITY-ST-ZIP Islamorada, FL 33036	
TITLE VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SANDS, MARSHALL		6.2 NAME Friedenreich, Arnold	
STREET ADDRESS 142 VALENCIA DRIVE		6.3 STREET ADDRESS 26780 McLaughlin Blvd, SW	
CITY-ST-ZIP ISLAMORADA FL 33036		6.4 CITY-ST-ZIP Bonita Springs, FL 33923	

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: *Marshall B. Sands* **MARSHALL B. SANDS** **04.12.97** **305-664-9106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025958

CP2E037 (9/96)