

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P13898 (2)**  
1. Corporation Name  
**GAT DEVELOPMENT CORPORATION**



Principal Place of Business Mailing Address  
**% LINDA TYNES**  
**208 3RD AVE N. 2ND FLOOR**  
**NASHVILLE TN 37201**  
**208 3RD AVE N.**  
**2ND FLOOR**  
**NASHVILLE TN 37201**  
**US**

3. Date Incorporated or Qualified **04/03/1987** 3a. Date of Last Report **01/31/1995**  
4. FEI Number **62-1311233** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CHARLES F. KETCHEY, JR.**  
**100 NORTH TAMPA STREET**  
**SUITE 1900**  
**TAMPA FL 33602**

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 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, typed or printed name of registered agent and firm, if applicable) (NOTE: Registered Agent signature required when filing statement) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TYNES, DORSEY H.</b>	
STREET ADDRESS	<b>5910 ROBERT E LEE CT</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GAW, DAVID W.</b>	
STREET ADDRESS	<b>395 WALLACE RD B-104</b>	
CITY-ST-ZIP	<b>NASHVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GAW, JEFFREY</b>	
STREET ADDRESS	<b>395 WALLACE RD., BLDG. B, SUITE 105</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>TYNES, LINDA L.</b>	
STREET ADDRESS	<b>208 3RD AVE. NO. 2ND FLOOR</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 executor or trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 615-242-5226

CR2E034 (12/95)