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FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000019516 (2)

1. Corporation Name

GATOR COMPUTER SYSTEMS, INC.

Principal Place of Business

1415 ATLANTIC BLVD.  
KEY WEST FL 33040

Mailing Address

1415 ATLANTIC BLVD.  
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1993

4. FEI Number

59-3208077

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 owes or has paid the current year intangible  
Personal Property Tax due June 30, ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 5700 Laurel ave #2

27 Suite, Apt. #, etc.

28 City & State

29 Key West, FL

30 Zip Country

31 33040 Monroe

9. Name and Address of Current Registered Agent

HENSON, TROY S  
1415 ATLANTIC BLVD.  
KEY WEST FL 32608

10. Name and Address of New Registered Agent

81 Name

HENSON, TROY S

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

5700 LAUREL AVE. Lot 62

83

84

City Key West

FL

85 Zip Code 33040

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 X *Troy Henson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/15/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HENSON, TROY  
STREET ADDRESS 1415 ATLANTIC BLVD.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Troy Henson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/15/98

Office

Daytime Phone #

0145005

CR2E034 (10/97)