# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

**PROFIT CORPORATION ANNUAL REPORT**
**1996**

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

**DOCUMENT #** P93000036052 (7)

1. Corporation Name

**GATOR INVESTMENTS OF TAMPA, INC.**

Principal Place of Business

12408 N. ROME AVE.
TAMPA FL 33612

Mailing Address

12408 N. ROME AVE.
TAMPA FL 33612

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 05/17/1993 | 05/01/1995 |

| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | |
|---|---|---|---|---|---|---|
| 21 | 9323 RIPLEY RD | 26 | SAME AS | 59-3196469 | Applied For | Not Applicable |

| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
|---|---|---|---|---|---|
| 22 | APT. B | 27 | Z | | |

| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
|---|---|---|---|---|---|
| 23 | THONOTOSASSA FL | 28 | | | |

| Zip | | Country | | Zip | | Country | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No |
|---|---|---|---|---|---|---|---|---|
| 24 | 33592 | 25 | USA | | 29 | | 30 | |

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

SIMONE, DONALD F
12408 N. ROME AVE.
TAMPA FL 33612

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

| 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 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 | 1.1 TITLE |
| NAME | SIMONE, DONALD F | | 1.2 NAME |
| STREET ADDRESS | 12408 N. ROME AVE. | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | TAMPA FL 33612 | | 1.4 CITY-ST-ZIP |

☒ Change ☐ Addition

9323 RIPLEY RD.
APT "B" THONOTOSSA FL 33592

| | | | |
|---|---|---|---|
| TITLE | V | ☐ DELETE | 2.1 TITLE |
| NAME | SIMONE, DONALD A | | 2.2 NAME |
| STREET ADDRESS | 475 BUCKHEAD AVE #1118 | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | ATLANTA GA | | 2.4 CITY-ST-ZIP |

☐ Change ☐ Addition

| | | | |
|---|---|---|---|
| TITLE | | ☐ DELETE | 3.1 TITLE |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP |

☐ Change ☐ Addition

| | | | |
|---|---|---|---|
| TITLE | | ☐ DELETE | 4.1 TITLE |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |

☐ Change ☐ Addition

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| | | | |
|---|---|---|---|
| TITLE | | ☐ DELETE | 5.1 TITLE |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |

☐ Change ☐ Addition

| | | | |
|---|---|---|---|
| TITLE | | ☐ DELETE | 6.1 TITLE |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP |

☐ Change ☐ Addition

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _Donald F. Simone_ DONALD F. SIMONE    4-29-96    813-621-4741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #