FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036762 (1)

1. Corporation Name

GOPHER, FROG, & ALLIGATOR CORPORATION

Principal Place of Business	Mailing Address
SOPCHOPPY DEPOT RAILROAD AVE & ROSE ST SOPCHOPPY FL 32358	POST OFFICE BOX 217 SOPCHOPPY FL 32358 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1993	3a. Date of Last Report: 07/13/1994
4. FEI Number: 59-3193154	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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MARTIN, NELSON L
SOPCHOPPY DEPOT
POST OFFICE BOX 217
SOPCHOPPY FL 32358

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* _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MARTIN, NELSON	12 NAME	MARTIN, NELSON	
STREET ADDRESS	POST OFFICE BOX 217 N/A	13 STREET ADDRESS	60 LIZARD LANE	
CITY-ST-ZIP	SOPCHOPPY FL	14 CITY-ST-ZIP	SOPCHOPPY, FL 32358	
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	SOLBURG, WILLIAM	22 NAME		
STREET ADDRESS	POST OFFICE BOX 8 N/A (HIGHWAY 375)	23 STREET ADDRESS		
CITY-ST-ZIP	SOPCHOPPY FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE	VPD	☒ Change ☐ Addition
NAME	REICH, ANDY	32 NAME	SEIDLER, ROBERT	
STREET ADDRESS	ROUTE 1, BOX 3140	33 STREET ADDRESS	ROUTE 4, Box 6781-5	
CITY-ST-ZIP	CRAWFORDVILLE FL	34 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	VPD	41 TITLE		☐ Change ☐ Addition
NAME	LAFFAN, BARRY	42 NAME		
STREET ADDRESS	ROUTE 1, BOX 3201	43 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	VPD	☒ Change ☐ Addition
NAME	WILLIAMS, RUTH ANN	52 NAME	MAYER, JOANNA	
STREET ADDRESS	2402 DELGADO DRIVE	53 STREET ADDRESS	ROUTE 1, Box 3201	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	PANACEA, FL 32346	
TITLE	TD	61 TITLE	STD	☒ Change ☐ Addition
NAME	MARYSEN, PAUL	62 NAME	MARXSEN, PAUL	
STREET ADDRESS	BOX 629 N/A	63 STREET ADDRESS	PO Box 629 N/A	
CITY-ST-ZIP	CARRABELLE FL	64 CITY-ST-ZIP	CARRABELLE, FL 32322	

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)(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: Nelson L. Martin president 5-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 962-2236
Daytime Phone #

0410065 FP