

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/20/1993

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

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

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 or other authorized officer

Signature, typed or printed name of registered agent or other authorized officer

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD MARTIN, NELSON**
STREET ADDRESS **60 LIZARD LANE**
CITY-STATE-ZIP **SOPCHOPPY FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **VPD SOLBURG, WILLIAM**
STREET ADDRESS **POST OFFICE BOX 8 N/A (HIGHWAY 375)**
CITY-STATE-ZIP **SOPCHOPPY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **VPD SEIDLER, ROBERT**
STREET ADDRESS **RT. 1, BOX 6781-5**
CITY-STATE-ZIP **CRAWFORDVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **VPD LAFFAN, BARRY**
STREET ADDRESS **ROUTE 1, BOX 3201**
CITY-STATE-ZIP **PANACEA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☒ DELETE
NAME **VD MAVER, JOANNA**
STREET ADDRESS **RT. 1, BOX 3201**
CITY-STATE-ZIP **PANACEA FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SD SALLY LEVINGS**
5.3 STREET ADDRESS **PO Box 97**
5.4 CITY-STATE-ZIP **SOPCHOPPY, FL 32358**

TITLE ☐ DELETE
NAME **STD MARXSEN, PAUL**
STREET ADDRESS **BOX 629 N/A**
CITY-STATE-ZIP **CARRABELLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL MARXSEN

7-31-96

904 697-2542

CR2E034 (12/95)