

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 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 # P93000036762 (1)

1. Corporation Name

GOPHER, FROG, & ALLIGATOR CORPORATION



Principal Place of Business

SOPCHOPPY DEPOT
RAILROAD AVE & ROSE ST
SOPCHOPPY FL 32358

Mailing Address

POST OFFICE BOX 217
SOPCHOPPY FL 32358
US

60 Lizard Lane
Sopchoppy, FL
32358

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sopchoppy Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 60 Lizard Lane Suite, Apt. #, etc. 27 City & State 28 Sopchoppy Zip 29 32358	3. Date Incorporated or Qualified 05/20/1993 4. FEI Number 59-3183154 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 Martin, Nelson L.
82 Street Address (P.O. Box Number is Not Acceptable)
60 Lizard Lane
83
84 City Sopchoppy FL 85 Zip Code 32358

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

Nelson L Martin

(NOTE: Registered Agent signature required when reinstating)

DATE May 1, 98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, NELSON	1.2 NAME	
STREET ADDRESS	60 LIZARD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLBURG, WILLIAM	2.2 NAME	George Edwin Strickland
STREET ADDRESS	POST OFFICE BOX 8 N/A (HIGHWAY 375)	2.3 STREET ADDRESS	355 Seminole Ln.
CITY-ST-ZIP	SOPCHOPPY FL	2.4 CITY-ST-ZIP	Sopchoppy, FL
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDLER, ROBERT	3.2 NAME	
STREET ADDRESS	191 PINE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, MARTIN	4.2 NAME	
STREET ADDRESS	1405 TOM STILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINGS, SALLY	5.2 NAME	Mary Angela Chappel
STREET ADDRESS	P. O. BOX 97	5.3 STREET ADDRESS	104 Rose St.
CITY-ST-ZIP	SOPCHOPPY FL	5.4 CITY-ST-ZIP	Sopchoppy, FL
TITLE	STD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARXSEN, PAUL	6.2 NAME	Andrew Reich
STREET ADDRESS	BOX 629 N/A	6.3 STREET ADDRESS	35 Terrapin Trail
CITY-ST-ZIP	CARRABELLE FL	6.4 CITY-ST-ZIP	Sopchoppy, FL

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:

Nelson L Martin May 1, 98 (850)962-2200

CR2E034 (10/97)