

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 19 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000065077 (8)

1. Corporation Name

GATOR INVESTMENT OF LA BELLE, INC.

Principal Place of Business

1471 HIGHWAY 29 NORTH
 LA BELLE FL 33935

Mailing Address

1471 HIGHWAY 29 NORTH
 LA BELLE FL 33935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/17/1993

3a. Date of Last Report

08/04/1994

4. FEI Number

65-0436844

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

21 P.O. Box 2864
 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2864
 Suite, Apt. #, etc.

City & State

23 LABELLE FLA.

City & State

28 LABELLA FLA.

Zip

24 33935

Country

25 HENDRY

Zip

29 33935

Country

30 HENDRY

9. Name and Address of Current Registered Agent

FILINGS INC
 3732 NW 16 STREET
 FT LAUDERDALE FL 33311

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

TITLE D
 NAME POLHILL, FRANK
 STREET ADDRESS 1471 HWY 29 N
 CITY - ST - ZIP LABELLE FL 33935

TITLE D
 NAME MANTZ, TERRY
 STREET ADDRESS 1471 HWY 29 N
 CITY - ST - ZIP LABELLE FL 33935

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 CITY - ST - ZIP

TITLE
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 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Terry E. Mantz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY E. MANTZ

7-13-95

941-6751264

Date

Daytime Phone

CR2E034 (3/95)