

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000025208 (7)

1. Corporation Name  
GATOR MOTORS, INC.

Principal Place of Business

809 HWY. 19 NORTH  
PERRY FL 32347

Mailing Address

P.O. BOX 310  
PERRY FL 32347

97 AUG - 4 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report 01/19/1996
4. FEI Number 59-3234267	Applied For Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

HERRINGTON, RONNIE M  
809 HWY. 19 NORTH  
PERRY FL 32347

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	1.1 TITLE	VP
NAME	THOMAS, KATHY	1.2 NAME	RHONDA R. SMITH
STREET ADDRESS	P. O. BOX 252 NA	1.3 STREET ADDRESS	P.O. BOX 1311 NA
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D	2.1 TITLE	VP
NAME	CHRISTOPHER D. THOMAS	2.2 NAME	DARLA GATEWOOD
STREET ADDRESS	P. O. BOX 252 NA	2.3 STREET ADDRESS	P.O. BOX 310 NA
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	PERRY, FL 32347
TITLE	D	3.1 TITLE	
NAME	WILLIAM GATEWOOD	3.2 NAME	
STREET ADDRESS	P. O. BOX 310 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	JIMMY SMITH	4.2 NAME	
STREET ADDRESS	P. O. BOX 1311 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	SIT
NAME		5.2 NAME	GWYN HERRINGTON
STREET ADDRESS		5.3 STREET ADDRESS	P.O. BOX 252 NA
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

GWYN HERRINGTON - Gwyn Herrington

07-21-97

904-364-1853

904-584-9544

CR2E034 (4/97)