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FILED

Mar 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 # P94000025208 (7)

1. Corporation Name

GATOR MOTORS, INC.

Principal Place of Business

609 HWY. 19 NORTH
PERRY FL 32347

Mailing Address

P.O. BOX 310
PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

4. FEI Number

59-3234267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HERRINGTON, RONNIE M
609 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

TITLE ☐ DELETE

NAME D
THOMAS, KATHY
STREET ADDRESS P. O. BOX 252, N/A
CITY-ST-ZIP LIVE OAK FL

TITLE ☐ DELETE

NAME VP
SMITH, RHONDA R
STREET ADDRESS P. O. BOX 1311, N/A
CITY-ST-ZIP LIVE OAK FL

TITLE ☐ DELETE

NAME D
WILLIAM GATEWOOD
STREET ADDRESS P. O. BOX 310, N/A
CITY-ST-ZIP PERRY FL

TITLE ☐ DELETE

NAME D
JIMMY SMITH
STREET ADDRESS P. O. BOX 1311, N/A
CITY-ST-ZIP LIVE OAK FL

TITLE ☐ DELETE

NAME VP
GATEWOOD, CARLA
STREET ADDRESS P.O. BOX 310, N/A
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ DELETE

NAME ST
HERRINGTON, GWYN
STREET ADDRESS P.O. BOX 252, N/A
CITY-ST-ZIP LIVE OAK FL 32060

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

DARLA
correct spelling

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: *Gwyn Herrington* GWYN HERRINGTON
850-584-9544
01-05-97

CR2E034 (10/97)