

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90128 039 \*\*\*150.00

DOCUMENT # P94000025208

1. Corporation Name  
GATOR MOTORS, INC.

Principal Place of Business Mailing Address  
609 HWY. 19 NORTH P.O. BOX 310  
PERRY FL 32347 PERRY FL 32347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/29/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-3234267	
24		29		30	
				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 owes the current year Intangible Personal Property Tax.	
				Yes No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	THOMAS, KATHY	1.2 NAME	
STREET ADDRESS	P. O. BOX 252, N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	SMITH, RHONDA R	2.2 NAME	
STREET ADDRESS	P. O. BOX 1311, N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WILLIAM GATEWOOD	3.2 NAME	
STREET ADDRESS	P. O. BOX 310, N/A	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, N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	GATEWOOD, DARLA	5.2 NAME	
STREET ADDRESS	P.O. BOX 310, N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	
NAME	HERRINGTON, GWYN	6.2 NAME	
STREET ADDRESS	P.O. BOX 252, N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Gwyn HERRINGTON

01-12-99

(850)  
584-9544

CR2E034 (11/98)