

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
'ANNUAL REPORT  
1996



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

DOCUMENT # P94000037179 (6)

1. Corporation Name

GATOR FOODS, INC.



Principal Place of Business

150 SOUTH MAIN ST.  
P.O. BOX 250  
LABELLE FL 33935

Mailing Address

150 SOUTH MAIN ST.  
P.O. BOX 250  
LABELLE FL 33935

3. Date Incorporated or Qualified  
05/13/1994

3a. Date of Last Report  
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0488879

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMUNNI, STEVEN A  
150 SOUTH MAIN ST.  
P.O. BOX 250  
LABELLE FL 33935

81 Name

Z. FLOYD CREWS

82 Street Address (P.O. Box Number is Not Acceptable)

726 EAST MAIN ST.

83

P.O. BOX 5157

84 City

IMMOKALEE

FL

85 Zip Code

33935

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]*

Signature typed or printed name of registered agent and State of office

(NOTE: Registered Agent signature required when reinstating)

2-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CREWS, Z-FLOYD  
STREET ADDRESS P.O. BOX 5157, 226 EAST MAIN ST.  
CITY-ST-ZIP IMMOKALEE FL

TITLE ☐ DELETE

NAME CANOVA, MURRAY C  
STREET ADDRESS P.O. BOX 5157, 226 EAST MAIN ST.  
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE ☐ DELETE

NAME RAINWATERS, GERALD  
STREET ADDRESS P.O. BOX 5157, 226 EAST MAIN ST.  
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE ☐ DELETE

NAME HOWELL, CECIL R  
STREET ADDRESS P.O. BOX 5157, 226 EAST MAIN ST.  
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

941-657-4338

Date

Daytime Phone #

CP2E034 (12/95)