

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

DOCUMENT # P94000037179

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

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

CREWS, Z. FLOYD  
226 EAST MAIN ST  
IMMOKALEE FL 33935

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. Thereby 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 appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

CREWS, Z-FLOYD

STREET ADDRESS

P.O. BOX 5157, 226 EAST MAIN ST.

CITY-STATE-ZIP

IMMOKALEE FL

TITLE

D

NAME

CANOVA, MURRAY C

STREET ADDRESS

P.O. BOX 5157, 226 EAST MAIN ST.

CITY-STATE-ZIP

IMMOKALEE FL 33934

TITLE

D

NAME

RAINWATERS, GERALD

STREET ADDRESS

P.O. BOX 5157, 226 EAST MAIN ST.

CITY-STATE-ZIP

IMMOKALEE FL 33934

TITLE

D

NAME

HOWELL, CECIL R

STREET ADDRESS

P.O. BOX 5157, 226 EAST MAIN ST.

CITY-STATE-ZIP

IMMOKALEE FL 33934

TITLE

D

NAME

HOWELL, CECIL R

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13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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-02/08/99--01015--011  
\*\*\*\*150.00 \*\*\*\*150.00

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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 67, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MURRAY C. CANOVA

DATE

Day in Month Year

CR2E034 (11/98)

0450744