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May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000076307 (5)

1. Corporation Name:  
GATOR ROCK, INC.

Principal Place of Business

2167 S KIERKMAN RR  
#212  
ORLANDO FL 32811  
US

Mailing Address

P.O. BOX 617220  
ORLANDO FL 32861-7220  
US



2. Principal Place of Business

21 8252 ANDRESE COWLEY  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2363  
Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

24 32819

25 Country

25 USA

27 City & State

28 WINDERMERE, FL

29 Zip

29 34786

30 Country

30 US

3. Date Incorporated or Qualified

10/18/1994

Report

4. FEI Number

59-3262872

Applied For

Not Applicable

5. Certificate of Status Due

\$8.75 Additional  
Fee Required

6. Election Campaign Financial  
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

PERLA, HENRY L ESQUIRE  
34 EAST PINE STREET  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDST  
NAME BENDALL, DAVID B  
STREET ADDRESS P.O. BOX 617220 U/A  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDST  
1.2 NAME BENDALL, DAVID B  
1.3 STREET ADDRESS P.O. Box 2363 N/A  
1.4 CITY-ST-ZIP WINDERMERE, FL. 34786

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

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/97 (407) 352-2223

CR2E034 (9/96)