

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

1995 MAR -8 AM 11: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091592 (3)

1. Corporation Name

SEVEN GATORS, INC.

Principal Place of Business

43309 US 19 N
TARPON SPRINGS FL 34689

Mailing Address

P.O. BOX 1608
TARPON SPRINGS FL 34688-1608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/19/1994
3a. Date of Last Report

4. FEI Number 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ARMSTRONG, E.D. III
911 CHESTNUT ST
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name FRIEDLAND, LEW (by letter #095A00005256)
82 Street Address (P.O. Box Number is Not Acceptable) 43309 U S 19 N
83
84 City Tarpon Springs FL 85 Zip Code 34689

I, 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]

LEW FRIEDLAND

DATE

3/2/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Friedland, Lew
STREET ADDRESS	43309 U S 19 N
CITY - ST - ZIP	Tarpon Springs FL
TITLE	DST
NAME	Saling, Gary
STREET ADDRESS	43309 U S 19 N
CITY - ST - ZIP	Tarpon Springs FL
TITLE	D
NAME	Ford, David S.
STREET ADDRESS	43309 U S 19 N
CITY - ST - ZIP	Tarpon Springs FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	300001428163
2.4 CITY - ST - ZIP	-03/10/95--01040--024 ***200.00 ***200.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

See 3-8

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption which in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this report, report of supplementary 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 13a, as changed, or on my attachment with an address.

SIGNATURE:

[Signature]

Law Friedland, President 2-10-95 813-942-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.