

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000043081 (5)

1. Corporation Name

GATOR TRAIL FARMS, INC.



Principal Place of Business

Mailing Address

6330 SW GATOR TRAIL
PALM CITY FL 34990

6330 SW GATOR TRAIL
PALM CITY FL 34990

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country
25
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

May 30 1995

4. FEI Number

65-0588162

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

BURLESON, SHELLY
250 PELICAN DRIVE
STUART FL 34996

10. Name and Address of New Registered Agent

Name

Burleson Shelly

2. Street Address (P.O. Box Numbers Not Acceptable)

6330 SW Gator Trail

4. City

Palm City

FL

85

Zip Code

34990

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 the applicable

(BLOCK) Registered

Agent's signature (required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BURLESON, SHELLY
STREET ADDRESS 250 PELICAN DRIVE
CITY-ST-ZIP STUART FL 34996
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE D
12. NAME Burleson, Shelly
13. STREET ADDRESS 6330 SW Gator Trail
14. CITY-ST-ZIP Palm City, FL 34990
Change Addition
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
Change Addition
31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
Change Addition
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
Change Addition
51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
Change Addition
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP
Change Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelly Burleson

July 22

561
283466P
DATE OF FILING

CR2E034 (3/96)