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 # **P95000053154 (7)**

1. Corporation Name

GATOR JOE'S, INC.

Principal Place of Business	Mailing Address
12475 S.E. 135 AVENUE **OCKLAWAHA FL 32179**	**12475 S.E. 135 AVENUE** **OCKLAWAHA FL 32179**

3. Date Incorporated or Qualified: **07/11/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 12475 SE 135 Ave,
22 Suite, Apt. #, etc: -
23 City & State: Ocklawaha Fl
24 Zip: 32179
25 Country: Marion

2a. Mailing Address
26: Gator Joe's
27 Suite, Apt. #, etc: PO Box 66
28 City & State: Ocklawaha Fl
29 Zip: 32179
30 Country: Marion

4. FEI Number: 59-3327197 ☐ 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

JOHNSON, JOHN K
12475 S.E. 135 AVENUE
OCKLAWAHA FL 32179

10. Name and Address of New Registered Agent

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of individual & capacity - if applicable (attach Registered Agent signature if required & not already listed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Pres. Owner	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	John K Johnson		1.2 NAME		
STREET ADDRESS	12475 SE 135 Ave.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Ocklawaha, Fl. 32179		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	000001828450	☐ Change ☐ Addition
NAME			5.2 NAME	-05/20/96--01027--015	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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] John K Johnson 4/28/96 352 288-4059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #