FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102758 (5)

HUNGRY GATOR, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address								
1877 OSPREY	' BLUFF	1877 OSPREY BLUFF	· ·								
ORANGE PARK FL 32073			ORANGE PARK FL 32073				DO NOT WRI	TE IN TUIC C	DACE		
						3.	Date Incorporated or Qualified		- ACE		
						•	12/16/1996	,			
2. Principal P	ace of Business	2a. Mailing Address			· ·····	4.	FEI Number		TA	pplied For	
21		26	26				59-3422637		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Certificate of Status Desired			Additional	
22		27								tequired	
City & State	3	City & State	1 ′				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	[28]	Cour				Trust Fund Contribution				
24	25	29	30	u. II. y		0.	This corporation owes or has p Personal Property Tax due Jur			No langible	
	9. Name and Address of Current			7		10.	Name and Address of New F				
MOTOLAW, INC.					Name						
C/O MILAM OTERO LARSEN DAWSON & TRAYLOR,PA				82	Street #	Address (P.O. Box Number is Not Acceptable)					
130	1 RIVERPLACE BLVD., STE. 130	1	<u> </u>								
	CKSONVILLE FL 32207			83						į	
				84	City				85 Zip	Code	
	pa			Ш				<u> </u>			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was	: authorize	ed by	the corp	i corporation poration's b	n submits this statement for the board of directors. I hereby acc	purpose of e ept the appo	changing intment as	its registered s registered	
age nt Ia	m fami liar with, and accept the obliga	tions of, Section 607.0505. I	lorida Sta	atutes	S					,	
SIGNATURE Signature, typed or pointed name of registered agest and title of applicable (NOTE Registered Agent signature required whom reinstating)							renstating)	DATE			
12.	OLLICERS AND		13.				ADDITIONS/CHANGES TO OFF	··	DIRECTO	RS IN 12	
TITLE	PS DELETE 1.17			IITLE					Change	Addition	
NAME	Sullivan, J. Wynn		1.21	NAME							
STREET ADDRESS	1877 OSPREY BLUFF		1.3 STRE							li li	
CITY-ST-ZIP	ORANGE PARK FL			1.4 CITY-ST-ZIP		ļ					
TITLE	V	DELETE							Change	L_ Addition }	
NAME	SULLIVAN, JOSEPH H		2 2 NAT			}				}	
STREET ADDRESS	1877 OSPREY BLUFF				ADORESS						
CITY-ST-ZIP TITLE	ORANGE PARK FL	DELETE			S1 - ZIP	 			Change	Addition	
NAME	SULLIVAN, LOUIS	the percit	3.2 N/					,			
STREET ADDRESS	1877 OSPREY BLUFF				address	1					
CITY-ST-ZIP	ORANGE PARK FL			CITY-S							
TITLE		DELETE		HTLE					Change	Addition	
NAME			4. 2	NAME							
STREET ADORESS			4.3 9	STHEET	ADDRESS	į					
CITY-ST-ZIP			440	CITY S	1 - ZIP						
TITLE		DELETE	5.11			}		Į	Change	Addition	
NAME			5.2 NAM				50000252631		'5		
STREET ADDRESS					REET ADDRESS		-05/18/98 010	03003	3		
CITY-ST-ZIP		□ DELETE		CITY-S	T-ZIP		***300,00		Change	T anisian	
TITLE		☐ DELETE	6.1 7				•	L	Unange	L_J Addition	
NAME CTREET ADDOCCO				NAME STOCK	ADDRESS					1/1 1/1	
STREET ADDRESS		•			ADDRESS					Jan A	
CITY-ST-ZIP		\sim \sim	640	CITY - S			on \$10.07/2\/i\ Elorido Clobdos	(1	Cf. the state	<u> </u>	

Impurious not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an existed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address. I hereby certify that the information supplied with this indicated on this annual report or supplemental anu officer or director of the corporation of the receiver Block 12 or Block 13 if changed, or on an attaching 4/0/00