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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortbam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000004340 (0)**

1. Corporation Name
GATORVILLE, INC.

Principal Place of Business P.O. BOX 62044 FT MYERS FL 33906 P.O. Box 650131 Vero Beach, FL 32965	Mailing Address P.O. BOX 62044 FT MYERS FL 33906 P.O. Box 650131 Vero Beach, FL 32965
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/10/1997	4. FEI Number 65-0738162	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SCHIELTELBEIN, NICHOLAS R 1615 RED CEDAR DR FT MYERS FL 33907	10. Name and Address of New Registered Agent 81 Name Nicholas R. Schiefelbein 82 Street Address (P.O. Box Number is Not Acceptable) 1485 23RD PL S.W. 83 84 City Vero Beach FL 85 Zip Code 32962
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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 Nicholas R. Schiefelbein 9/29/98
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) D/E

12. OFFICERS AND DIRECTORS TITLE President/Secretary/Director <input type="checkbox"/> DELETE NAME Nicholas R. Schiefelbein STREET ADDRESS 1485 23RD PL S.W. CITY-ST-ZIP Vero Beach, FL 32962 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE 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 NONE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 100002674831-8 2.3 STREET ADDRESS -10/28/98-01093-010 2.4 CITY-ST-ZIP ****558.75 ****558.75 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
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14. I 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 on an attachment with an address.

SIGNATURE: Nicholas R. Schiefelbein **SIGNATURE REQUIRED**

9/29/98 (561)-770-1223

CR2E034 (10/97)