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

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700058774 1. Corporation Name

GATOR COIN-OP, INC.

Principal Place of Business	Mailing Address	
2250 SE 52ND ST OCALA FL 34471 US	2250 SE 52ND ST OCALA FL 34471 US	·

## FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90002 012 \*\*\*150.00



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Principal Place	of Business	Mailing Address	-		7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2250 SE 52ND ST OCALA FL 34471 US		2250 SE 52ND ST OCALA FL 34471 US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 07/03/1997			
2. Principal P	Jace of Business	2a. Mailing Address	<del></del>	ST	4. FEI Number		pplied For	
21 0	26252	26 2250 SE	. <u> </u>		59-3456650	<del></del> -	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	_		5. Certificate of Status Desired	Fee R	Additional tequired	
City & State		City & State / F	/		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 34480	Country USA	Zip 29 34480	Cou	intry USA	This corporation owes the current year Inta Personal Property Tax.	ingible Yes	□No	
241	9. Name and Address of Curre	1==1			10. Name and Address of New Registered A	igent		
				81 Name	urt Folsom			
	ONS, GARY C			82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
	NW THIRD STREET				50565257			
UCA	LA FL 34475			83				
				84 City Dog	Ja El	85 Zip	50de 80	
				1 1 -	· • • • • • • • • • • • • • • • • • • •		7985	
office or r	edictored agent or both in the State	of Florida, Such change was all	เทกสวัตถ	i by the corporatio	pration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	itment as r	egistered	
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505, Flori	da Stat	utes.	3-3/-9	9	İ	
SIGNATURE	Signature, typed or printed name of registered age		Registered	Agent signature required			<del></del>	
12.		ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	DSPT	☐ DELETE	1.1 Π	TLE	- <del></del>	☐ Change	Addition	
NAME	FOLSOM, KURT L		1.2 N	AME			Ì	
STREET ADDRESS	2250 SE 52ND ST		1.3 S	TREET ADDRESS			ľ	
CITY-ST-ZIP	OCALA FL 34471		1.4 C	TY-ST-ZIP				
TITLE		☐ DELETE	2.1 TI	πE		Change	Addition	
NAME			2.2 N	AME				
STREET ADDRESS			2.3 S	TREET ADDRESS			ا بينيم	
CITY-ST-ZIP	· · ·		2.40	ITY-ST-ZIP				
TITLE		☐ DELETE	3.1 T	TLE		Change	Addition	
NAME		•	3.2 N	AME				
STREET ADDRESS			3.3 S	TREET ADDRESS			}	
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE		Change	Addition	
NAME	•		4.21	IAME			Í	
STREET ADDRESS			4.3 S	TREET ADDRESS			)	
CITY-ST-ZIP			4.4 C	ITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE		Change	Addition	
NAME			5.2 N	AME	•			
STREET ADDRESS			5.3 \$	TREET ADDRESS			Ì	
CITY-ST-ZIP			5.4 C	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 T	TLE	,	Change	Addition	
NAME			6.2 N	AME	•		\	
STREET ADDRESS			6.3 S	TREET ADDRESS			-	
CiTY-ST-ZIP			6.4 C	TY-ST-ZIP	•			

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, with all other like empowered.

352-629-2792