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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Secretary of State 03-06-1999 90138 020 ***150.00

FILED Mar 06, 1999 8:00 am

1999

DOCUMENT # **P98000051913**1. Corporation Name

PROUD GATOR, INC.

Principal Place of Business Mailing Address 724 S. FLORIDA AVE. 724 S. FLORIDA AVE. LAKELAND FL 33801 LAKELAND FL 33801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/05/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-351591 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes the current year Intangible Zip Personal Property Tax. ☐ Yes 30 , 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FELIN DONATELLI 724 Q. Fl. AU. 82 Street ONE LAKE MORTON DR. LAKELIND F. 37801 LAKELAND FL 33801 83 85 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. ELILDONATECL SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Change DELETE TITLE CORNISH, ROI 1.2 NAME NAME 4749 HIGHLANDS PL. CIR. 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE DONATELLI, FELIX 2.2 NAME NAME 3500 S. FLORIDA AVE., STE.8 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 2. 4 CITY-ST-ZIP CITY-ST-ZIF NATELU□Change DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 5 8101 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE

GNATURE AND THE OF PARTY NAME OF SIGNING OF PICER OF DIRECTOR

1-15-96 Date

94-683-5 434 Daytime Phone #

CR2E034 (11/98)