

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

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90003 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000056638**

1. Corporation Name

**GATOR CAR RENTAL, INC.**

Principal Place of Business

**400 WEST AIRPORT DR.  
SEBASTIAN FL 32958**

Mailing Address

**400 WEST AIRPORT DR.  
SEBASTIAN FL 32958**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/23/1998**

4. FEI Number

**65-0844160**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**24 Zip Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**29 Zip Country**

9. Name and Address of Current Registered Agent

**YOUNG, DENNIS  
1725 U.S. HIGHWAY ONE  
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

**81 Name melinda mcGee**

**82 Street Address (P.O. Box Number is Not Acceptable)  
1572 Holbrook Rd NW**

**83**

**84 City Palm Bay FL 85 Zip Code 32907**

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

*melinda mcGee*  
Signature, typed or printed name of registered agent and title if applicable.

*melinda mcGee*  
(NOTE: Registered Agent signature required when reinstating)

**3/9/99**  
DATE

12. OFFICERS AND DIRECTORS

**TITLE D** ☐ DELETE  
**NAME GRIMWADE, ANDREW J**  
**STREET ADDRESS 400 WEST AIRPORT DR.**  
**CITY-ST-ZIP SEBASTIAN FL 32958**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-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.

SIGNATURE:

**SIGNATURE REQUIRED**

**3-9-99**

**561-3881253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)