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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90025 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000060869

1. Corporation Name

BULL GATOR ENTERPRISES, INC.

Principal Place of Business

408 W. UNIVERSITY AVE.,STE.406
GAINESVILLE FL 32601

Mailing Address

408 W. UNIVERSITY AVE.,STE.406
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

593522057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 2107 SW 7TH Terr.

Suite, Apt. #, etc.

22 Gainesville FL.

City & State

23 32607

Zip

Country

USA

24

2a. Mailing Address

26 2107 SW 7TH Terr.

Suite, Apt. #, etc.

27 Gainesville FL

City & State

28 32607

Zip

Country

USA

29

30

9. Name and Address of Current Registered Agent

HOPE, A. BICE ESQ.
408 W. UNIVERSITY AVE.,STE.406
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

Judy L. Boyce

82 Street Address (P.O. Box Number is Not Acceptable)

2107 SW 7TH Terr.

83

84 City

Gainesville

FL

85 Zip Code

32607

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

Judy L. Boyce

Judy L. Boyce

6/1/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME HOPE, A. BICE
STREET ADDRESS 408 W. UNIVERSITY AVE.,STE.406
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 P
1.3 STREET ADDRESS Doug Poland
2107 SW 7TH Terr.
1.4 CITY-ST-ZIP Gainesville FL. 32607

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME S/T.
2.3 STREET ADDRESS Judy Boyce
2107 SW 7TH Terr.
2.4 CITY-ST-ZIP Gainesville FL. 32607

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:

Judy L. Boyce

6/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0061235