

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 AUG -1 AM 11:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S51427 (0)

1. Corporation Name

GATORSTUFF, INC.

Principal Place of Business

1021 E. COLONIAL DR.
 ORLANDO FL 32803
 US

Mailing Address

P. O. BOX 532075
 ORLANDO FL 32803
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/09/1991

3a. Date of Last Report

08/09/1994

4. FEI Number

59-3063124

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 has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCDANIEL, ROBERT T.
 1021 E. COLONIAL DR.
 ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

MCDANIEL, ROBERT T.

STREET ADDRESS

12335 NW 15TH ST.

CITY - ST - ZIP

PEMBROKE PINES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

1021 E. COLONIAL DR.
 ORLANDO FL 32803

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

V
 MCDANIEL III, ROBERT T.
 • 1021 E. COLONIAL DR.
 ORLANDO FL 32803

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

S
 MCDANIEL, PAUL E
 1021 E. COLONIAL DR.
 ORLANDO FL 32803

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 true owner thereof; and that I am 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

RT. MCDANIEL 7/26/95 407-898-2129