

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S51427 (0)

1. Corporation Name

GATORSTUFF, INC.



Principal Place of Business

Mailing Address

1021 E. COLONIAL DR.  
ORLANDO FL 32803  
US

P. O. BOX 532075  
ORLANDO FL 32803  
US

3. Date Incorporated or Qualified  
05/09/1991

3a. Date of Last Report  
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3063124

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P  
NAME  
MCDANIEL, ROBERT T.  
STREET ADDRESS  
1021 E COLONIAL DR  
CITY - ST - ZIP  
ORLANDO FL

DELETE

TITLE

V  
NAME  
MCDANIEL, PAUL E  
STREET ADDRESS  
1021 E COLONIAL DRIVE  
CITY - ST - ZIP  
ORLANDO FL

DELETE

TITLE

S  
NAME  
MCDANIEL, PAUL E  
STREET ADDRESS  
1021 E COLONIAL DR  
CITY - ST - ZIP  
ORLANDO FL

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

RT MCDANIEL 7/31/96 409-898-2129

CR2E034 (3/96)