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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 8:18

DOCUMENT # **S71165** **(2)**

1. Corporation Name
GATOR COUNTRY, INC.

Principal Place of Business	Mailing Address
1347 NORTH TAMIAMI TRAIL NORTH FORT MYERS FL 33903	27201 N. BLACK CANYON PHOENIX AZ 85027 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1991	3a. Date of Last Report: 07/05/1994
4. FEI Number: NOT APPLICABLE	☐ 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	2a. Mailing Address
21 27201 N. BLACK Canyon	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PHOENIX, AZ	City & State 28
Zip 24 85027 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BUTTRU, BRUCE
1347 NORTH TAMIAMI TRAIL
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name: TAROLL Buttrum
82 Street Address (P.O. Box Number is Not Acceptable): 7101-71 CYPRESS LAKE DRIVE
83: #.
84 City: FORT MYERS FL 85 Zip Code: 33908

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: Tarold Buttrum DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTTRUM, BRUCE 1347 N. TAMIAMI TRAIL N. FORT MYERS FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☒ Change ☐ Addition 27201 N. BLACK CANYON PHOENIX, AZ 85027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] 6-8-95 602-576-4523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103227 FN