

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # V31690**

1. Entity Name  
**GATOR LAND COMPANY**



Principal Place of Business  
**ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 US**

Mailing Address  
**ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 US**



03152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOLBROOK, H L III  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HOLBROOK, H. LEON III  
STREET ADDRESS ONE INDEPENDENT DR STE 2301  
CITY - ST - ZIP JACKSONVILLE, FL

TITLE VPD  
NAME MCGOWAN, TED  
STREET ADDRESS ONE INDEPENDENT DRIVE SUITE 2301  
CITY - ST - ZIP JACKSONVILLE, FL 32202

TITLE VPD  
NAME JACKSON, ROBERT S  
STREET ADDRESS 611 CINDY COURT  
CITY - ST - ZIP JACKSONVILLE, FL 32259

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000765603  
06/01/07-80013-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT S. JACKSON**

**5/20/07**

**904-514-3884**

Date

Daytime Phone #