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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V55408** (1)

1. Corporation Name
GATOR TRACK, INC.

Principal Place of Business: **10333 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407**

Mailing Address: **10333 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

Suite, Apt. #, etc.: **27**

City & State: **28**

Zip: **29** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1992**

3a. Date of Last Report: **04/26/1994**

4. FEI Number: **59-3118536**

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**

9. This corporation has liability for intangible tax under S. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**FIORAMONTI, DEBORAH A.
10333 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ DATE _____

(Signature typed in printed letters of registered agent, and date of signature) (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORAMONTI, DEBORAH A.	1.2 NAME	
STREET ADDRESS	221 SAN PUEBLO	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BCH. FL	1.4 CITY - ST - ZIP	
TITLE	STV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORAMONTI, DANIEL R.	2.2 NAME	
STREET ADDRESS	221 SAN PUEBLO	2.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BCH. FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORAMONTI, DANIEL R.	3.2 NAME	
STREET ADDRESS	221 SAN PUEBLO	3.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BCH. FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, 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 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: *Deborah A. Fioramonti* **Deborah A. Fioramonti** 4-15-95 234-6853

(Signature typed or printed name of signing officer or director) Date Official Seal #