

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # **V60470**

(4)

1. Corporation Name

GATORLAND MOTOR COMPANY



Principal Place of Business

**3345 N. MAIN ST
GAINESVILLE FL 32609
US**

Mailing Address

**1725 MEMORIAL PARK DRIVE
JACKSONVILLE FL 32204-4117**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/26/1992

3a. Date of Last Report

03/13/1996

4. FEI Number

59-3150982

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

9. Name and Address of Current Registered Agent

**WIKER, PAMELA L.
1725 MEMORIAL PARK DR.
JACKSONVILLE FL 32204**

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.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCRAE, WALTER A JR	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL 32204	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GRAHAM, HENRY H	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, JACK L	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL 32204	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HERZOG, GERALD W	
STREET ADDRESS	701 FISK STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPP, ERNEST A JR	
STREET ADDRESS	701 FISK STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32204	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GLOVER, T. ALLEN	
STREET ADDRESS	701 FISK STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Henry H. Graham, Jr. 2/27/97 (904) 354-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)