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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90059 008 ***150.00

DOCUMENT # 282511

1. Corporation Name
GATE LANDS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
9540 STATE ROAD 13 JACKSONVILLE FL 32257-5432	P.O. BOX 23627 JACKSONVILLE FL 3224-627 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/23/1964

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-1300908 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOSTER, DAVID M.
1300 RIVERPLACE BLVD
JACKSONVILLE FL 32207

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 _____ 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	DSV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUEDERS, JACK C., JR.		1.2 NAME	
STREET ADDRESS	9540 STATE ROAD 13		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, P. JEREMY, JR.		2.2 NAME	
STREET ADDRESS	9540 STATE ROAD 13		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUKE, JOSEPH C.		3.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	
TITLE	TAS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GLAVIN, THOMAS M		4. 2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, DAVID M.		5.2 NAME	
STREET ADDRESS	1300 GULF LIFE DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, KENNETH P.		6.2 NAME	
STREET ADDRESS	9540 STATE ROAD 13		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Thomas M. Glavin Thomas M. Glavin 4-20-99 (904) 448-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #