FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **688988** **(5)**

1. Corporation Name

S. W. GATEWAY, INC.

Principal Place of Business

2000 TAMIAMI TRAIN
#219
PORT CHARLOTTE FL 33948
US

Mailing Address

P.O. BOX 758
P.O. BOX 3509
MURDOCK FL 33938
US

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

2a. Mailing Address
26 PO BOX 758
Suite, Apt. #, etc. 27
City & State 28 MURDOCK FL
Zip 29 33938 Country 30 US

3. Date Incorporated or Qualified: **09/17/1980**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **59-2023702** 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

INGELS, EILEEN K.
2686-1 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

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 Section 607.0502 and 607.1005, 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 (Typed or Printed Name of Registered Agent and Title if Applicable) Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
PD	INGELS, EILEEN K	5982 NIBLICK CIRCLE	NORTH PORT FL	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP	☐ Change	☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	☐ Change	☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP	☐ Change	☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP	☐ Change	☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP	☐ Change	☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP	☐ Change	☐ Addition

14. I do hereby certify that the information supplied on this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 business manager appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blocks 12 or Block 13 if changed, or is added, numbered with an address.

SIGNATURE: Eileen Ingels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 941-629-8190
Date Daytime Phone

CR2E034 (12/95)