FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

AND FILED

CORPORATION ANNUAL REPORT **1995**

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

'95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **718589** (5)

1. Corporation Name
GATEWAY SQUARE NO.6 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8100 9TH ST N BOX 313 ST PETERSBURG FL 33702	8100 9TH ST N BOX 313 ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1379910 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Rampart Properties, Inc.	26 Rampart Properties, Inc.
Suite, Apt. #, etc. 22 10033 9th St. N., 2nd Floor	Suite, Apt. #, etc. 27 10033 9th St. N., 2nd Floor
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip / Country 24 33716 / 25 US	Zip / Country 29 33716 / 30 US

9. Name and Address of Current Registered Agent

MCBRIDE JESSLYN L
CREAWTIVE SOLUTIONS & SERVICES INC.
6161 9TH ST., N., STE 101
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name: Billy K. Osburn, Vice President
82 Street Address (P.O. Box Number is Not Acceptable): 10033 9th St. N.
83: Second Floor
84 City: St. Petersburg FL 85 Zip Code: 33716

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: Jessyln L. McBride Billy K Osburn, VP 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TALLEY, WILLIAM	12 NAME	
STREET ADDRESS	8100 9TH ST N., APT 309	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	~~MOLENO, PHIL~~	22 NAME	Tom Flint
STREET ADDRESS	~~8100 9TH ST., N., APT 203~~	23 STREET ADDRESS	8100 11th St. N. #119
CITY-ST-ZIP	~~ST PETERSBURG, FL 00000~~	24 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WILSON, MONTINE	32 NAME	
STREET ADDRESS	8101 11 ST N 120	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	CULVER, FRANCES	42 NAME	
STREET ADDRESS	8101 11 N 220	43 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D XX Change ☐ Addition
NAME	~~DUREN, GLORIA~~	52 NAME	Mike Woronowski
STREET ADDRESS	~~8100 9 ST N 211~~	53 STREET ADDRESS	8101 11th St. N. #225
CITY-ST-ZIP	~~ST PETERSBURG FL~~	54 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Talley
SIGNATURE AND TYPED OR PRINTED NAME OF DURING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085488