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FILED
Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 818092 (9)

1. Corporation Name
THE FRANK GATES SERVICE COMPANY



Principal Place of Business Mailing Address
7380 SAND LAKE ROAD SUITE 535 ORLANDO FL 32819
7380 SAND LAKE ROAD SUITE 535 ORLANDO FL 32819-5248

3. Date Incorporated or Qualified **08/04/1964** 3a. Date of Last Report **11/27/1996**
 4. FEI Number **31-4359765** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #., etc. 26 Suite, Apt. #., etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
RINGERS, ANDREW L
DEAN RINGERS MORGAN & LAWTON
200 E ROBINSON ST, SUITE 1020
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, JENNY J	
STREET ADDRESS	240 FOXWOOD ROAD	
CITY - ST - ZIP	STAMFORD CT 06903	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCORMICK, J. ROBINSON	
STREET ADDRESS	4015 OLD POSTE ROAD	
CITY - ST - ZIP	COLUMBUS OH 43221	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	OVERLY, NILES C	
STREET ADDRESS	10545 WELLINGTON BLVD	
CITY - ST - ZIP	POWELL OH 43085	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	OVERLY, ROBINSON M	
STREET ADDRESS	10442 E. WINDROSE DRIVE	
CITY - ST - ZIP	SCOTTSDALE AZ 85259	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCCORMICK, J. LUKE	
STREET ADDRESS	4762 MACALLAN COURT, EAST	
CITY - ST - ZIP	DUBLIN OH 43017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADIGAN, JOSEPH J	
STREET ADDRESS	5517 CARNOUSTIE COURT	
CITY - ST - ZIP	DUBLIN OH 43017	

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: _____ DATE: **2-13-97** DAYTIME PHONE: **614-743-8000**

CR2E034 (9/96)