

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90009 009 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 818092**  
 1. Corporation Name  
**THE FRANK GATES SERVICE COMPANY**

Principal Place of Business 7380 SAND LAKE ROAD SUITE 535 ORLANDO FL 32819	Mailing Address 7380 SAND LAKE ROAD SUITE 535 ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 PO Box 16580 27 Suite, Apt. #, etc. 28 Columbus OH 29 Zip 43216 Country USA 30
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3. Date Incorporated or Qualified <b>08/04/1964</b>	4. FEI Number <b>31-4359765</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JENNY J	1.2 NAME	
STREET ADDRESS	240 FOXWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06903	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, J. ROBINSON	2.2 NAME	
STREET ADDRESS	4015 OLD POSTE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43221	2.4 CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERLY, NILES C	3.2 NAME	
STREET ADDRESS	10545 WELLINGTON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POWELL OH 43065	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERLY, ROBINSON M	4.2 NAME	
STREET ADDRESS	10442 E. WINDROSE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85259	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, J. LUKE	5.2 NAME	
STREET ADDRESS	4762 MACALLAN COURT, EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADIGAN, JOSEPH J	6.2 NAME	
STREET ADDRESS	5517 CARNOUSTIE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: 1-25-99 DAYTIME PHONE #: 614-793-8000

CR2E034 (1/198)