

**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 # P95000042525 (2)

1. Corporation Name  
**FT. MYERS AUTOMATIC GATE INC.**



Principal Place of Business: 13022 PALM BEACH BLVD FT MYERS FL 33905  
Mailing Address: 13022 PALM BEACH BLVD FT MYERS FL 33905

3. Date Incorporated or Qualified: 05/25/1995  
3a. Date of Last Report

2. Principal Place of Business  
21 15022 PALM BEACH Blvd. Suite, Apt. #, etc.  
22 City & State: FT MYERS FL  
23 Zip: 33905 Country: FL  
24 33905 25  
2a. Mailing Address  
26 13022 PALM BEACH Blvd. Suite, Apt. #, etc.  
27 City & State: FT. MYERS FL  
28 Zip: 33905 Country: FL  
29 33905 30

4. FEI Number: 65-0026938 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  
GRAY, LEWIS C  
13022 PALM BEACH BLVD  
FT MYERS FL 33905

10. Name and Address of New Registered Agent  
81 Name: LANI M COLMERY  
82 Street Address (P.O. Box Number is Not Acceptable): 2607 NIGHTSHADE LN.  
83  
84 City: FT MYERS FL 85 Zip Code: 33905

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: *Lani Colmery* LANI COLMERY SECRETARY 3/25/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DANIEL W COLMERY	
STREET ADDRESS	2607 NIGHTSHADE LN	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	LEWIS C GRAY JR	
STREET ADDRESS	11611 DEAL RD.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	LINDA M GRAY	
STREET ADDRESS	11611 DEAL RD	
CITY-ST-ZIP	N. FT. MYERS, FL. 33917	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	LANI M COLMERY	
STREET ADDRESS	2607 NIGHTSHADE LN	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 is voluntarily 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 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: *Lani Colmery* LANI COLMERY 3/25/96 941-694-6339  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)