

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023032

Entity Name: ML GATES CORPORATION**Current Principal Place of Business:**709 CLINTON RD.
HAVANA, FL 32333**Current Mailing Address:**709 CLINTON RD.
HAVANA, FL 32333 US**FEI Number:** 26-4473555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GATES, LEA H
709 CLINTON RD.
HAVANA, FL 32333 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GATES, MACCLAFLIN B
Address	709 CLINTON RD.
City-State-Zip:	HAVANA FL 32333

Title	VP
Name	GATES, LEA H
Address	709 CLINTON RD.
City-State-Zip:	HAVANA FL 32333

Title	S
Name	GATES, LEA H
Address	709 CLINTON RD.
City-State-Zip:	HAVANA FL 32333

Title	T
Name	GATES, MACCLAFLIN B
Address	709 CLINTON RD.
City-State-Zip:	HAVANA FL 32333

Title	D
Name	GATES, LEA H
Address	709 CLINTON RD.
City-State-Zip:	HAVANA FL 32333

Title	D
Name	GATES, MACCLAFLIN B
Address	709 CLINTON RD.
City-State-Zip:	HAVANA FL 32333

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEA H GATES

VICE PRESIDENT

04/19/2020

Electronic Signature of Signing Officer/Director Detail_____
Date