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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 277498

Country

9. Name and Address of Current Registered Agent

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KALER, WILLIAM T

400 EAST DUVAL STREET JACKSONVILLE FL 32202-2763

GATEWAY AUTO SALES, INC.

Dringing	Diago	۸ŧ	Business
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2. Principal Place of Business

2721 DUNN AVENUE JACKSONVILLE FL 32218

Suite, Apt. #, etc.

City & State

21

23

Zip

Mailing Address

2721 DUNN AVENUE

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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27

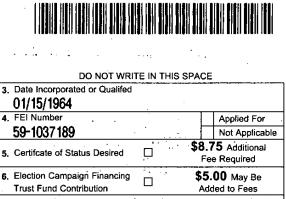
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JACKSONVILLE FL 32218

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90025 032 ***150.00



8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes

10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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.

83 84 City

Country

Name

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SIGNAT	11	PI
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Addition LEWIS S, PAUL W NAME 1.2 NAME 2721 DUNN AVENUE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE ☐ Change 2.1 TITLE ☐ Addition TITLE LEWIS, EARL R NAME 2.2 NAME ٠.; 2721 DUNN AVENUE STREET ADDRESS 2.3 STREET ADORESS JACKSONVILLE FL 32218 CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE Addition ☐ Change ₹MLE 317ITE LEWIS, ELOISE A 3.2 NAME 2721 DUNN AVENUE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

SIGNATURE:

Zip Code

85