FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)**DOCUMENT #** 1. Corporation Name GATEWAY UTILITY SERVICE, INC. Mailing Address Principal Place of Business 996 BLANDING BLVD. 996 BLANDING BLVD ORANGE PARK FL 32065 **ORANGE PARK FL 32065** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1995 02/19/1964 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1034636 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s. 199,032, Country 2ϕ Z_iΩ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 PARRISH, LEWIS G 996 BLANDING BLVD. 83 **ORANGE PARK FL 32065** Zip Code 85 City 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOT) Forgetiered Agent signature required which two datings CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 [] DELETE 1 1 11/16 TIT! F PARAISH, Lewis G. 1991 3/Andling 3/W. ORANGE Off, F. 1.2 NAME PARRISH, LEWIS G NAME 1.3 STREET ADDRESS 8892 NORMANDY BLVD STREET ADDRESS 32065 1.4 C(Tr - ST - ZIP JACKSONVILLE, FL 00000 CHTY - ST - ZIP ☐ Addition DELFTE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C/TY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4 A TIFLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.C-TY-ST-ZIF CITY - ST-7IP Change ☐ Addition DELETE SATIRE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C-TY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 C:TY - \$1 - Z(F

appears in Block 12 or Block 13 if changed or on an attachment

NAME

STREET ADDRESS

14. I do hereby certify that the information supplied with this fing 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 suppliemental annual report is true and accurate and trial my signature shall have the same legal effect as if made under oath, that I am an officer or direction of the corporation or the receiver or trustee empowered by execute the peptid associative by Chapter 607, Florida Statutes, and that my name agrees in Block 13 of Eleck 13 of