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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 374534 (6)

1. Corporation Name
GATEWAY FORD, INC.

Principal Place of Business

1810 E. BRONSON HIGHWAY
P.O. BOX 421830
KISSIMMEE FL 34742

Mailing Address

1810 E. BRONSON HIGHWAY
P.O. BOX 421830
KISSIMMEE FL 34742-1830



3. Date Incorporated or Qualified 12/22/1970
3a. Date of Last Report 04/19/1996

4. FEI Number 59-1315213
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BAILEY, G W
1491 RIVIERA DRIVE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	PD
NAME	BAILEY G W	1.2 NAME	BAILEY G.W.
STREET ADDRESS	2309 IRLO DRIVE	1.3 STREET ADDRESS	1491 RIVIERA DR
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	STD	2.1 TITLE	STD
NAME	BAILEY, AVIS B	2.2 NAME	BAILEY, AVIS B.
STREET ADDRESS	2309 IRLO DRIVE	2.3 STREET ADDRESS	1491 RIVIERA DR
CITY-ST-ZIP	KISSISSEE FL	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VD	3.1 TITLE	V.D.
NAME	SORENSEN, LISA B	3.2 NAME	SORENSEN, LISA B.
STREET ADDRESS	1050 BRIGHTON PLACE BLVD	3.3 STREET ADDRESS	1050 BRIGHTON PLACE BLVD
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE: 1/30/97 DAYTIME PHONE: 407-846-6000

CR2E034 (9/96)