FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

City & State

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 542957 1. Corporation Name

Country

GATEWAY FILTER CORPORATION Mailing Address Principal Place of Business 3091 SE JAY STREET PO BOX 562 STUART FL 34997 STUART FL 34995 US US 2. Principal Place of Business 2a. Mailing Address 26 21

27

28

Zip

Suite, Apt. #, etc.

City & State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90050 022 ***150.00

DO NOT WRITE IN THIS SPACE

 \Box

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

08/15/1977 4. FEI Number

25-1231824

4	25	29	30			Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name	•		{
WERLE, R. CRAIG 1047 SW WOODCREEK DR.				82	82 Street Address (P.O. Box Number is Not Acceptable)			
				32	Sugar			
PALM CITY FL			83	·				
				0.1			85 Zip C	ode.
				84	City		FL 85 Zip C	, ude
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 families with, and accept the obligations of, Section 607.0505, Florida Statutes.								
V/20/09								
SIGNATURE,	Signature, typed or printed pure of register			71		quired when reinstating)	ATE	
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	VC		DELETE	1.1 TITLE			Change	☐ Addition
NAME (WERLE, ROBERT R		ſ	1.2 NAME				
STREET ADDRESS	249 SE TRESSLER DR			1.3 STREET	ADDRESS			1
CITY-ST-ZIP	STUART FL			1.4 CITY-S	T- ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE	PD		DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WERLE, R CRAIG		í	2.2 NAME	ľ			ĺ
STREET ADDRESS	1047 SW WOODCREEK D	R		2.3 STREET	ADDRESS	- · - · -	- .	سنعيد
CITY-ST-ZIP	PALM CITY FL			2. 4 CITY-5	ST-ZIP			
TITLE	D		DELETE	3.1 TITLE			☐ Change	Addition
NAME	WERLE, GRANT D			3.2 NAME	ĺ			ĺ
STREET ADDRESS	3 KNOWLES RD			3.3 STREET	TADDRESS			
CITY-ST-ZIP	STUART FL			3.4. CITY-5	ST-ZIP			
TILE			DELETE	4.1 TITLE				☐ Addition
NAME			í	4. 2 NAME				ĺ
STREET ADDRESS		•		4.3 STREET	T ADDRESS			}
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME (ĺ	5.2 NAME	[1
STREET ADDRESS				5.3 STREE	ADDRESS			\
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	·		
TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME	{			ļ
STREET ADDRESS	•			6.3 STREE	TADDRESS			
CITY-ST-ZIP				6.4 CITY-S	T-ZIP			
OIT I TO I TAIR								

Country

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the recei-Block 12 or Block 13 if changed or on an atlact

SIGNATURE: