FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 561352 (6)

1. Corporation Name
GATH, INC.

Principal Place of Business	Mailing Address
3357 TAMIAMI TRAIL N NAPLES FL 33940-4165	3357 TAMIAMI TRAIL N NAPLES FL 33940-4165

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1801866 ☐ 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

9. Name and Address of Current Registered Agent

LANGFORD, GEORGE P.
3357 TAMIAMI TRL NORTH.
NAPLES FL 33940

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	~~GELLENY, JAMES~~	1.2 NAME	GELLENY, JAMES C.	
STREET ADDRESS	~~704 BOBWHITE LANE~~	1.3 STREET ADDRESS	SUITE # 329/853 VANDERBILT BEACH ROAD	
CITY-ST-ZIP	~~NAPLES, FL 00000~~	1.4 CITY-ST-ZIP	NAPLES FL 33963	
TITLE	VAS	2.1 TITLE		☑ Change ☐ Addition
NAME	DUNLOP, DONALD	2.2 NAME		
STREET ADDRESS	~~704 BOBWHITE LANE~~	2.3 STREET ADDRESS	111 BALLANTREE DR	
CITY-ST-ZIP	~~NAPLES FL~~	2.4 CITY-ST-ZIP	ASHEVILLE NC 28803	
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	DUNLOP, DONALD	3.2 NAME		
STREET ADDRESS	~~704 BOBWHITE LANE~~	3.3 STREET ADDRESS	111 BALLANTREE DR	
CITY-ST-ZIP	~~NAPLES FL~~	3.4 CITY-ST-ZIP	ASHEVILLE NC 28803	
TITLE	D	4.1 TITLE		☑ Change ☐ Addition
NAME	GELLENY, JOSEPH J	4.2 NAME		
STREET ADDRESS	~~704 BOBWHITE LANE~~	4.3 STREET ADDRESS	SUITE # 329/853 VANDERBILT BEACH ROAD	
CITY-ST-ZIP	~~NAPLES FL~~	4.4 CITY-ST-ZIP	NAPLES FL 33963	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 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 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: _____ APRIL 26/95 813567983
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES C. GELLENY PRES.

0327100 CP