FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:38

DOCUMENT # 715184 (8)

1. Corporation Name
GATEWAY BEAGLE CLUB, INC.

Principal Place of Business	Mailing Address
1564 SCOTT ROAD-SWITZERLAND JACKSONVILLE FL 32259	1564 SCOTT ROAD-SWITZERLAND JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1968
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2236192 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1535 Floyd Johns Rd Baldwin Fl 32234	26 1535 Floyd Johns Rd Baldwin, Fl 32234
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LOWDER,NANCY
1564 SCOTT ROAD-SWITZERLAND
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name: Leon Alexander
82 Street Address (P.O. Box Number is Not Acceptable): 1535 Floyd Johns Rd.
83
84 City: Baldwin FL 85 Zip Code: 32234

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: Leon Alexander - TD 2-6-95
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Change ☐ Addition
NAME	LANE, JAMES G.	1.2 NAME	
STREET ADDRESS	3804 HIDDEN ACRES RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SP ☑ Change ☐ Addition
NAME	LOWDER, NANCY	2.2 NAME	Royal, Bruce G.
STREET ADDRESS	1564 SCOTT RD	2.3 STREET ADDRESS	4541 Wheeler Ave
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, JOHN K.	3.2 NAME	
STREET ADDRESS	5525 SQUAW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, LEON	4.2 NAME	
STREET ADDRESS	1535 FLOYD JOHNS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leon Alexander 2-6-95 904-387-9755 2-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026705