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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818092

1. Corporation Name

THE FRANK GATES SERVICE COMPANY

Principal Place of Business

7380 SAND LAKE ROAD
SUITE 535
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE ROAD
SUITE 535
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1964

4. FEI Number

31-4359765

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

PO Box 16580

27

Suite, Apt. #, etc.

28

City & State

Columbus OH

29

Zip

43216

30

Country

USA

9. Name and Address of Current Registered Agent

**RINGERS, ANDREW L
DEAN RINGERS MORGAN & LAWTON
200 E ROBINSON ST, SUITE 1020
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SCOTT, JENNY J**

STREET ADDRESS **240 FOXWOOD ROAD**

CITY-ST-ZIP **STAMFORD CT 06903**

TITLE ☐ DELETE

NAME **DP MCCORMICK, J. ROBINSON**

STREET ADDRESS **4015 OLD POSTE ROAD**

CITY-ST-ZIP **COLUMBUS OH 43221**

TITLE ☐ DELETE

NAME **DCEO OVERLY, NILES C**

STREET ADDRESS **10545 WELLINGTON BLVD**

CITY-ST-ZIP **POWELL OH 43065**

TITLE ☐ DELETE

NAME **DV OVERLY, ROBINSON M**

STREET ADDRESS **10442 E. WINDROSE DRIVE**

CITY-ST-ZIP **SCOTTSDALE AZ 85259**

TITLE ☐ DELETE

NAME **DV MCCORMICK, J. LUKE**

STREET ADDRESS **4762 MACALLAN COURT, EAST**

CITY-ST-ZIP **DUBLIN OH 43017**

TITLE ☐ DELETE

NAME **D MADIGAN, JOSEPH J**

STREET ADDRESS **5517 CARNOUSTIE COURT**

CITY-ST-ZIP **DUBLIN OH 43017**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)