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 12 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **852894** **(5)**

1. Corporation Name
GATEWAY CENTENNIAL DEVELOPMENT CO., INC.

Principal Place of Business	Mailing Address
901 OHIO PIKE 200 CINCINNATI OH 45245 US	901 OHIO PIKE 200 CINCINNATI OH 45245 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/18/1982**
3a. Date of Last Report: **05/19/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **31-0982933** ☐ 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

TREVINO, J.C. III
990 HARBOR LAKE DR
SAFETY HARBOR FL 34695

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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	POLOSKY, JOYCE	12 NAME	
STREET ADDRESS	300 HUNTERS GLEN CT	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	TRAUTMANN, DEL A JR	22 NAME	800001490098
STREET ADDRESS	13708 WALBROOKE DR.	23 STREET ADDRESS	-05/17/95 -01025 -012
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	****225.00 ****225.00
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	TRAUTMANN, RICHARD S	32 NAME	
STREET ADDRESS	1420 CENTRAL TRUST TOWER	33 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	Schils MARGARET ☑ Change ☐ Addition
NAME	SCHILS, MARGARET	42 NAME	
STREET ADDRESS	4930 BEECHWICS DR	43 STREET ADDRESS	4930 Beechwood DRIVE
CITY-ST-ZIP	CINANNATI OH	44 CITY-ST-ZIP	CINTI OHIO 45255
TITLE	D	51 TITLE	TRAUTMAN, MICHAEL ☑ Change ☐ Addition
NAME	TRAUTMANN, MICHAEL	52 NAME	
STREET ADDRESS	1467 MONROE DR	53 STREET ADDRESS	1419 SOUTH 1ST STREET
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	JACKSONVILLE FL 32250
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	TRAUTMAN, JOHN	62 NAME	
STREET ADDRESS	901 OHIO PIKE / STE - 200	63 STREET ADDRESS	
CITY-ST-ZIP	CIN OH	64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Trautmann 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466748 FP