**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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

1. Corporation Name

**GATEWAY CENTENNIAL DEVELOPMENT CO., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 901 OHIO PIKE<br>200<br>CINCINNATI OH 45245<br>US | 901 OHIO PIKE<br>200<br>CINCINNATI OH 45245<br>US |

3. Date Incorporated or Qualified: **05/18/1982**
3a. Date of Last Report: **05/12/1995**

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

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

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 607.1506, 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 agent is a corporation — Typed or Printed Name of Individual Executing on Behalf of Entity

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | POLOSKY, JOYCE | | 1.2 NAME | |
| STREET ADDRESS | 300 HUNTERS GLEN CT | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | | 1.4 CITY-ST-ZIP | |
| TITLE | VSD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | TRAUTMANN, DEL A JR | | 2.2 NAME | |
| STREET ADDRESS | 13708 WALBROOKE DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | TRAUTMANN, RICHARD S | | 3.2 NAME | |
| STREET ADDRESS | 1420 CENTRAL TRUST TOWER | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINCINNATI OH | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHILS, MARGARET | | 4.2 NAME | |
| STREET ADDRESS | 4930 BEECHWOOD DRIVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINANNATI OH 45255 | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | TRAUTMANN, MICHAEL | | 5.2 NAME | |
| STREET ADDRESS | 1419 SOUTH 1ST STREET | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA 32250 | | 5.4 CITY-ST-ZIP | |
| TITLE | T | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | TRAUTMAN, JOHN | | 6.2 NAME | |
| STREET ADDRESS | 901 OHIO PIKE / STE - 200 | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CIN OH | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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:** Del A. Trautmann, Jr. 4/29/96 2107172425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #