

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
801 OHIO PIKE
200
CINCINNATI OH 45245
US

Mailing Address
801 OHIO PIKE
200
CINCINNATI OH 45245-2311
US

3. Date Incorporated or Qualified
05/18/1982

3a. Date of Last Report
05/01/1996

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
21 1202 E. Del Mar Blvd.
Suite, Apt. #, etc.
22 Ste. 6
City & State
23 Laredo, TX
Zip
24 78045
Country
25 U.S.A.

2a. Mailing Address
26 1202 E. Del Mar Blvd.
Suite, Apt. #, etc.
27 Ste. 6
City & State
28 Laredo, TX
Zip
29 78045
Country
30 U.S.A.

9. Name and Address of Current Registered Agent

TREVINO, J.C. III
990 HARBOR LAKE DR
SAFETY HARBOR FL 34895

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

Sign my typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	POLOSKY, JOYCE	
STREET ADDRESS	300 HUNTERS GLEN CT	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	VSD	DELETE
NAME	TRAUTMANN, DEL A JR	
STREET ADDRESS	13708 WALBROOKE DR.	
CITY-STATE-ZIP	TAMPA FL	
TITLE	PD	DELETE
NAME	TRAUTMANN, RICHARD S	
STREET ADDRESS	1420 CENTRAL TRUST TOWER	
CITY-STATE-ZIP	CINCINNATI OH	
TITLE	D	DELETE
NAME	SCHILS, MARGARET	
STREET ADDRESS	4930 BEECHWOOD DRIVE	
CITY-STATE-ZIP	CINCINNATI OH 45255	
TITLE	D	DELETE
NAME	TRAUTMANN, MICHAEL	
STREET ADDRESS	1419 SOUTH 1ST STREET	
CITY-STATE-ZIP	ATLANTA GA 32250	
TITLE	T	DELETE
NAME	TRAUTMAN, JOHN	
STREET ADDRESS	901 OHIO PIKE / STE - 200	
CITY-STATE-ZIP	CIN OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476624

CR2E034 (9/96)