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03-05-1999 90120 031 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000003192**

1. Corporation Name
GATEWAY 2000 COUNTRY STORES, INC.
Gateway Companies, Inc. DBA Gateway Country



Principal Place of Business
**2907 N. DALE MABRY HWY
 TAMPA FL 33607**

Mailing Address
**610 GATEWAY DR.
 N. SIOUX CITY SD 57049-3199**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		46-0431398	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		7. This corporation owes the current year Intangible Personal Property Tax.	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, JOSEPH J	1.2 NAME	Jeffery Weitzen
STREET ADDRESS	610 GATEWAY DR.	1.3 STREET ADDRESS	610 Gateway Drive
CITY-ST-ZIP	N. SIOUX CITY SD 57049	1.4 CITY-ST-ZIP	N. Sioux City SD 57049
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, WILLIAM M	2.2 NAME	
STREET ADDRESS	610 GATEWAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. SIOUX CITY SD 57049	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKITTRICK, DAVID J	3.2 NAME	
STREET ADDRESS	610 GATEWAY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. SIOUX CITY SD 57049	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, RANDALL D	4.2 NAME	
STREET ADDRESS	610 GATEWAY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. SIOUX CITY SD 57049	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMIEGOWSKI, NANCY	5.2 NAME	
STREET ADDRESS	640 GATEWAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	N SIOUX CITY SD 57049	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELM, STEPHANIE	6.2 NAME	
STREET ADDRESS	610 GATEWAY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	N SIOUX CITY SD 57049	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]* 2-24-1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: 605 232-2000 x26706

CR2E034 (1/198)

176844-90120-5
F96000003192



GatewayTM

610 Gateway Drive
North Sioux City, SD 57049
605.232.2000
toll free 800.846.2000
fax 605.232.2023

Gateway Companies, Inc.

FEIN 46-0431398

Inc. 4/4/1994

Officers:

Name

Title

Social Security #

Jeffrey Weitzen 610 Gateway Drive North Sioux City, SD 57049 Phone (605) 232-2000	President	139-50-9014
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William M. Elliott 610 Gateway Drive North Sioux City, SD 57049 Phone (605) 232-2802	Secretary	512-28-8698
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Stephanie G. Heim 610 Gateway Drive North Sioux City, SD 57049 Phone (605) 232-2594	Assistant. Secretary	363-60-7919
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Randall D. Harvey 610 Gateway Drive North Sioux City, SD 57049 Phone (605) 232-2658	Assistant Treasurer	484-88-3106
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Nancy Smiegowski 610 Gateway Drive, North Sioux City, SD 57049 Phone (605) 232-2000	Assistant Treasurer	360-38-6666
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Edmund G. McElroy 610 Gateway Drive, North Sioux City, SD 57049 Phone (605) 232-2000	Assistant Treasurer	157-32-3810
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Directors:

Jeffrey Weitzen
William M. Elliott
John J. Todd

Mail correspondence to:

Gateway Companies, Inc.
Tax Dept. – MD # Y15
610 Gateway Drive
North Sioux City, SD 57049

