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

FILED
95 MAY -1 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98462 (7)

1. Corporation Name

FLORIDA GATEWAY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2817 128 S. HERNANDO ST. LAKE CITY FL 32056	P.O. BOX 2817 128 S. HERNANDO ST. LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1982	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2223169	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	[X] Yes [ ] No

2. Principal Place of Business — 21, 22, 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27, 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDAVID, TERRY 128 S HERNANDO ST. LAKE CITY FL 32055	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1 TITLE [ ] Change [ ] Addition
NAME	MCDAVID TERRY	1 NAME
STREET ADDRESS	128 S HERNANDO ST.	1 STREET ADDRESS
CITY-ST-ZIP	LAKE CITY FL 00000	1 CITY-ST-ZIP
TITLE		2 TITLE [ ] Change [ ] Addition
NAME		2 NAME
STREET ADDRESS		2 STREET ADDRESS
CITY-ST-ZIP		2 CITY-ST-ZIP
TITLE		3 TITLE [ ] Change [ ] Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE		4 TITLE [ ] Change [ ] Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE [ ] Change [ ] Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE [ ] Change [ ] Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 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: Terry McDavid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1995 904-752-1896

0008361 CP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED

DO NOT WRITE IN THIS SPACE

DOCUMENT # G00844 (2)

1. Corporate Name
HOLLEY DIRT COMPANY, INC.

Principal Place of Business
3224 RIVER RD
NAVARRE FL 32566

Mailing Address
3224 RIVER RD
NAVARRE FL 32566

3. Date Incorporated or Qualified: 09/19/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2225886 — Applied For / Not Applicable

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

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
HARVELL, JAMES M
6824 EAST BAY BLVD.
NAVARRE FL 32566

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	HARVELL, JAMES M.	NAME	
STREET ADDRESS	6824 EAST BAY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 00000	CITY-ST-ZIP	
TITLE	VTS	TITLE	☐ Change ☐ Addition
NAME	GOODIN, GORDON A.	NAME	
STREET ADDRESS	3224 RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Gordon A. Goodin — 4-20-95 — 904-939-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0391234 CP