

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90125 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G14664

1. Corporation Name
GATEWAY TRAILER PARK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5035 N MAIN ST
12466 MASTERS RIDGE
JACKSONVILLE FL 32206
US

Mailing Address
12466 MASTERS RIDGE DR
JACKSONVILLE FL 32225
US

3. Date incorporated or Qualified
12/15/1982

4. FEI Number
59-2265118

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
SPIVEY, EDWARD C.
12466 MASTERS RIDGE
JACKSONVILLE FL 32225

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: *Edward C. Spivey* NOTE: Registered Agent signature required when reinstating. DATE: *March 16, 1999*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPIVEY, EDWARD C.	
STREET ADDRESS	12466 MASTERS RIDGE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SPIVEY, BRENDA J.	
STREET ADDRESS	5035 N.MAIN ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPIVEY, J. MICHAEL	
STREET ADDRESS	14103 IVYLGAIL DR. N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1:2 NAME	
1:3 STREET ADDRESS	
1:4 CITY-ST-ZIP	
2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2:2 NAME	
2:3 STREET ADDRESS	
2:4 CITY-ST-ZIP	
3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3:2 NAME	
3:3 STREET ADDRESS	
3:4 CITY-ST-ZIP	
4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4:2 NAME	
4:3 STREET ADDRESS	
4:4 CITY-ST-ZIP	
5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5:2 NAME	
5:3 STREET ADDRESS	
5:4 CITY-ST-ZIP	
6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6:2 NAME	
6:3 STREET ADDRESS	
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: *Edward C. Spivey* DATE: *3-16-99* DAYTIME PHONE: *904-634-1256*

CR2E034 (11/98)