

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 JUL 20 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **G24203** (3)

1. Corporation Name

FLORIDA GATEWAY REALTY, INC.

Principal Place of Business

Mailing Address

% THOMAS P BROWNING, PO BOX 655
30 NORTH MARION STREET.
LAKE CITY FL 32055% THOMAS P BROWNING, PO BOX 655
30 NORTH MARION STREET.
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/18/1983

11/18/1994

4. FBI Number

Applied For

59-2439568

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNING, THOMAS P
C-252A: KOONVILLE RD
ROUTE 4 BOX 335
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTC
NAME	BROWNING, THOMAS P
STREET ADDRESS	ROUTE 4 BOX 335
CITY-ST-ZIP	LAKE CITY, FL 00000
TITLE	DM
NAME	BROWNING, THOMAS P
STREET ADDRESS	KOONVILLE RD.C 25 A
CITY-ST-ZIP	LAKE CITY, FL 00000
TITLE	VD
NAME	BROWNING SR, PHILIP A
STREET ADDRESS	101 PALM CIRCLE
CITY-ST-ZIP	LAKE CITY, FL 00000
TITLE	SD
NAME	BROWNING, ETHEL T
STREET ADDRESS	101 PALM CIRCLE
CITY-ST-ZIP	LAKE CITY, FL 00000
TITLE	D
NAME	BROWNING, SUZANNA K
STREET ADDRESS	ROUTE 4, BOX 335
CITY-ST-ZIP	LAKE CITY, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	Deceased - None
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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

904-755-1386

Date

Telephone (Area #)