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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION • ANNUAL REPORT 1995 5-1-95		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H93129		(5)	
1. Corporation Name GATEWAY SUPPLIERS, INC.			
Principal Place of Business 2576 EDISON AVE JACKSONVILLE FL 32204		Mailing Address 2576 EDISON AVE JACKSONVILLE FL 32204	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2724 COLLEGE STREET Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE FLORIDA Zip 24 32205		2a. Mailing Address 25 2724 COLLEGE STREET Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE FLORIDA Zip 29 32205		3. Date Incorporated or Qualified 01/07/1986		3a. Date of Last Report 07/21/1994	
4. FEI Number 59-2626035		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under S. 199.199 Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent MOSS, GENE T 337 E BAY STR JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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

Signature of current registered agent and the officer or director

Signature of new registered agent (signature required after registration)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP JONES, HERMAN O. 2576 EDISON AVE JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	D/P HERMAN O. JONES 2724 COLLEGE STREET JACKSONVILLE FLORIDA 32205 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D ANTHONY, JAMES S. 130 ADELAIDE ST. W., STE. 2320 TORONTO-ONTARIO M5H 3P5 CAN.	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D ROULEAU, BRIAN P 1980 SHERBROOKE ST. W., #630 MONTREAL-QUEBEC H3H 1G1 CAN.	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D ROULEAU, JEANNIE B 1980 SHERBROOKE ST. W., #630 MONTREAL-QUEBEC H3H 1G1 CAN.	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition

14. I, the undersigned, 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: *Brian P. Rouleau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 1995