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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J25349 (8)

1. Corporation Name

GATEWAY MARINE OF HILLSBOROUGH, INC.

Principal Place of Business

1803 U.S. HIGHWAY 19
HOLIDAY FL 34691

Mailing Address

1803 U.S. HIGHWAY 19
HOLIDAY FL 34691

SECRET
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:15

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1986

3a. Date of Last Report

03/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2695232

Applied For

Not Applicable

22

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RICHARD W.
1803 U.S. HIGHWAY 19
HOLIDAY FL 34691

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 the filer)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PO~~
NAME ~~SPEER, ROY M.~~
STREET ADDRESS ~~1803 U.S. HIGHWAY 19~~
CITY ST ZIP ~~HOLIDAY FL~~

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☒ Change ☐ Addition

TITLE ~~STD~~
NAME ~~SPEER, RICHARD M.~~
STREET ADDRESS ~~1803 US HIGHWAY 19~~
CITY ST ZIP ~~HOLIDAY FL~~

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☒ Change ☐ Addition

TITLE ~~V~~
NAME ~~SIKES, TOM~~
STREET ADDRESS ~~1803 US 19~~
CITY ST ZIP ~~HOLIDAY FL~~

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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 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(1)(k), 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:

Thomas M. Sikes
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature (Typed Name)