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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J41061

(9)

1. Corporation Name
GATEWAY REALTY SALES, INC.

Principal Place of Business

801 LAUREL OAK DR.
SUITE 500
NAPLES FL 33963
US

Mailing Address

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108-2764
US

3. Date Incorporated or Qualified
11/04/1986

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2741697

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 ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip
34108

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HASTINGS, V.N.
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

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
34108

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|-----------------|----------------------------|-----------------|-------------------------------------|
| DP | GUNDERSON, J.D. | 801 LAUREL OAK DRIVE, #500 | NAPLES FL | <input checked="" type="checkbox"/> |
| DV | STORY, J.B. | 801 LAUREL OAK DRIVE, #500 | NAPLES FL | <input type="checkbox"/> |
| DT | CARLSON, A.J. | 801 LAUREL OAK DRIVE, #500 | NAPLES FL | <input type="checkbox"/> |
| S | HASTINGS, V.N. | 801 LAUREL OAK DRIVE, #500 | NAPLES FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE | Change | Addition |
|-------|-----------|----------------------------|------------------|-------------------------------------|-------------------------------------|--------------------------|
| D/V | Rymer, T. | 801 Laurel Oak Drive, #500 | Naples, FL 34108 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D/P | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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: Vivien Hastings, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

(941) 597-6061

Date Daytime Phone #

CR2E034 (9/96)