Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90049 010 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J78207**

1. Corporation Name

gate fu	iel Service, inc.							
Principal Place	of Business	Mailing Address				- I JODITIO AIN IADDI JUITE IIDII ABINI IOAN I		· 2/2)) 0/2/( /24/
9540 SAN JOSE JACKSONVILLE US	BLVD	BOX 23627 JACKSONVILLE FL 32241-3627 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						06/17/1987		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2874364		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Сои	ntry		8. This corporation owes the current ye		
24 25			<del></del>			Personal Property Tax.	☐ Yes	□ No
Name and Address of Current Registered Agent				10. Name and Address of New Registered			area Agent	
75.4	ANCIZ I OLIIC BA		-	81	Name			ļ
ZEMANEK LOUIS M. 9540 S.R. 13				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
JACK	(SONVILLE FL 32217							
			ľ	84	City		FL 85 Zip	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. 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)						on's board of directors. Thereby accept the a	арромилен <b>с</b> аз т	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	PD DELETE 1.1 T		1.1 TiT	ιE		-	Change	e 🔲 Addition
NAME			1.2 NA	ME				
STREET ADDRESS	9540 SAN JOSE BLVD			REET	ADDRESS			ì
CITY-ST-ZIP	and the second s		1.4 CR	ry-st	r-zip			
TITLE			2.1 TIT	LE			☐ Change	e 🗍 Addition
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	KSONVILLE FL 2.4		TY-S	T- ZIP			
TITLE	V	☐ DELETE 3.11		LE ~			Change	e Addition
NAME	OVE, WILLIAM MICHAEL 321		3.2 NA	ME				
STREET ADDRESS	9450 SAN JOSE BLVD			REET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-		T-ZIP			
TITLE	VP	☐ DELETE	4.1 TITLE				☐ Change	e 🗌 Addition
NAME	LUEDERS, JACK C JR.		4. 2 NAME					ł
STREET ADDRESS	9540 SAN JOSE BLVD		4.3 STREE		ADDRESS			1
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-		r-zip			
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change	e
NAME	FOSTER, DAVID M.		5.2 NA					
STREET ADDRESS	9540 SAN JOSE BLVD		5.3 ST	REET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 5.4		5.4 CI		T-ZIP			
TITLE	DELETE 6.11		6.1 TIT	LE			Change	e 🗌 Addition

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

JAN. 7, 1999

(904)448-2910