FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:28

DOCUMENT # **K09324** **(0)**

1. Corporate Name
TOLGATE, INC.

Principal Place of Business
4500 EXECUTIVE DR
NAPLES FL 33999

Mailing Address
4500 EXECUTIVE DR
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/29/1987
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 65-0016437 — Applied For / Not Applicable

22 Suite Apt # etc.: Suite 300
27 Suite Apt # etc.: Suite 300

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 City & State
28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 Zip — 25 Country — 29 Zip — 30 Country

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

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT JR.
4500 EXECUTIVE DR
NAPLES FL,33999

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

11. Pursuant to the provisions of Section 607.0505 and 607.0506 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. The corporation is aware that this statement may be filed only in accordance with Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS

TITLE	STD
NAME	SHIELDS, JAMES E.
STREET ADDRESS	4500 EXECUTIVE DR
CITY ST ZIP	NAPLES FL
TITLE	PD
NAME	HARDY, ROBERT S.
STREET ADDRESS	13056 POND APPLE DR.
CITY ST ZIP	NAPLES FL
TITLE	VPD
NAME	HARDY, PAUL
STREET ADDRESS	5780 24TH AVE, N.W.
CITY ST ZIP	NAPLES FL
TITLE	AS
NAME	JOHNSON, ROBERT W.
STREET ADDRESS	4500 EXECUTIVE DR
CITY ST ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

14. I hereby certify that the information supplied with this filing, and accompanying documents, has been examined by me and is true and complete. Further, I certify that the information on this annual report or supplemental annual report is true and complete 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 trustee or trustee appointed to wind up the affairs of a corporation pursuant to Section 607.1405 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or my name will be added with an addition.

SIGNATURE: Robert W. Johnson — 3-31-95 — 813 597 9461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0332726 CP