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Apr 01 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 # K09324

(0)

1. Corporation Name  
TOLGATE, INC.

Principal Place of Business

4500 EXECUTIVE DR  
SUITE 300  
NAPLES FL 33999  
US

Mailing Address

4500 EXECUTIVE DR  
SUITE 300  
NAPLES FL 34119-8908  
US

3. Date Incorporated or Qualified  
12/29/1987

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0016437

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

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, JANET KELLY  
82 Street Address (P.O. Box Number is Not Acceptable)  
4500 EXECUTIVE DRIVE  
83 SUITE 300  
84 City NAPLES FL 85 Zip Code 34119

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 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
STD	SHIELDS, JAMES E.	4500 EXECUTIVE DR	NAPLES FL	<input checked="" type="checkbox"/>
PD	HARDY, ROBERT S.	13056 POND APPLE DR.	NAPLES FL	<input type="checkbox"/>
VPD	HARDY, PAUL	5780 24TH AVE, N.W.	NAPLES FL	<input type="checkbox"/>
AS	JOHNSON, ROBERT W.	4500 EXECUTIVE DR	NAPLES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
ST	KELLY, JANET	4500 EXECUTIVE DR. STE 300	NAPLES FL 34119-8908	<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"/>	<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:

JANET KELLY  
Janet Kelly Treasurer

DATE

Daytime Phone #

3/19/97 (941) 597-9061

CR2E034 (9/96)