

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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K09324 (0)  
1. Corporation Name  
TOLGATE, INC.



Principal Place of Business 4500 EXECUTIVE DR SUITE 300 NAPLES FL 34119 US	Mailing Address 4500 EXECUTIVE DR SUITE 300 NAPLES FL 34119 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0016437	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KELLY, JANET 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34119		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 607.0602 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	ST
NAME	KELLEY, JANET	1.2 NAME	JANET KELLY
STREET ADDRESS	4500 EXECUTIVE DR, #300	1.3 STREET ADDRESS	4500 EXECUTIVE DRIVE #300
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL 34119
TITLE	PD	2.1 TITLE	
NAME	HARDY, ROBERT S.	2.2 NAME	
STREET ADDRESS	13056 POND APPLE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	34119
TITLE	VPD	3.1 TITLE	
NAME	HARDY, PAUL	3.2 NAME	
STREET ADDRESS	5780 24TH AVE, N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	34119
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: JANET KELLY TOLGATE 3/5/98 (941) 597-9161

CR2E034 (10/97)