

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

FILED

Mar 11 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K95549

(7)

1. Corporation Name

GATEWAY COMMUNICATIONS SERVICES, INC.

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963
US

Mailing Address

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

3. Date Incorporated or Qualified

06/15/1989

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24 34108

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29 34108

30

4. FEI Number

65-0133017

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒Yes ☐ No

9. Name and Address of Current Registered Agent

VIVIAN N. HASTINGS
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 PD
NAME SCHMOYER, JH
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500
CITY- ST- ZIP NAPLES FL☐ DELETETITLE V
NAME WHITNEY, S. R.
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500
CITY- ST- ZIP NAPLES FL☐ DELETETITLE S
NAME HASTINGS, V N
STREET ADDRESS 801 LAUREL OAK DR. #500
CITY- ST- ZIP NAPLES FL☐ DELETETITLE D
NAME CARLSON, A.J.
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500
CITY- ST- ZIP NAPLES FL☐ DELETETITLE T
NAME RIVERA, C A
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500
CITY- ST- ZIP NAPLES FL☒ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP☐ Change☐ Addition21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP☐ Change☐ Addition31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

D/S

☒ Change☐ Addition41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

D/T

☒ Change☐ Addition51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP☐ Change☐ Addition61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP☐ Change☐ Addition

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:

Vivian N. 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)