

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:08

DOCUMENT # L89776 (3)

1. Corporation Name

GATEWAY VIDEO, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1641 COMMERCE AVENUE NORTH ST. PETERSBURG FL 33716	1641 COMMERCE AVENUE NORTH ST. PETERSBURG FL 33716

2. Principal Place of Business	2a. Mailing Address
21	25
State App # etc	State App # etc
22	27
City & State	City & State
23	28
City	City
24	29
City	City
25	30
City	City

3. Date Incorporated or Qualified	3a. Date of Last Report
07/25/1990	06/23/1994
4. Fil Number	Applied For
59-3023239	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 19-103 D.S. Florida Statutes	Yes ☒ No ☐

9. Name and Address of Current Registered Agent
KOLENDA, JOHN F. 1641 COMMERCE AVE. N. ST. PETERSBURG FL 33716

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 Sections 607.06(2) and 607.15(8), 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 approved by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	1. NAME	NAME	2. NAME
STREET ADDRESS	1. STREET ADDRESS	STREET ADDRESS	2. STREET ADDRESS
CITY & STATE	1. CITY & STATE	CITY & STATE	2. CITY & STATE
NAME	3. NAME	NAME	4. NAME
STREET ADDRESS	3. STREET ADDRESS	STREET ADDRESS	4. STREET ADDRESS
CITY & STATE	3. CITY & STATE	CITY & STATE	4. CITY & STATE
NAME	5. NAME	NAME	6. NAME
STREET ADDRESS	5. STREET ADDRESS	STREET ADDRESS	6. STREET ADDRESS
CITY & STATE	5. CITY & STATE	CITY & STATE	6. CITY & STATE
NAME	7. NAME	NAME	8. NAME
STREET ADDRESS	7. STREET ADDRESS	STREET ADDRESS	8. STREET ADDRESS
CITY & STATE	7. CITY & STATE	CITY & STATE	8. CITY & STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(8)(a), Florida Statutes. I further certify that the information included 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 427, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

John F. Kolenda
John F. Kolenda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

813-577-5526