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

APPROVED AND FILED
95 MAY -1 AM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M75535** **(8)**

1. Corporation Name
BONITA GATEWAY CORPORATION

Principal Place of Business	Mailing Address
2300 MCGREGOR BLVD., SUITE #2 FORT MYERS FL 33901	% R. SCOTT BARKER P.O. DRAWER 159 FT MYERS FL 33902-0159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1988	3a. Date of Last Report: 12/29/1994
4. FEI Number: 65-0109018	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under F.S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BARKER, R. SCOTT
2300 MCGREGOR BLVD., SUITE #2
FORT MYERS FL 33901

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 607.0502 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 [illegible] (If changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. Additional Officers and/or Directors	
TITLE	PVST	11 TITLE	☐ Change ☐ Addition
NAME	BARKER, R. SCOTT	12 NAME	
STREET ADDRESS	2300 MCGREGOR BLVD., SUTIE #2	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BARKER, R. SCOTT	22 NAME	
STREET ADDRESS	2300 MCGREGOR BLVD., SUTIE #2	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: R. Scott Barker 4/3/95 (813)332-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0000744 FP