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

**PROFIT** CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 014 \*\*\*450.00

## DOCUMENT # M75535 1. Corporation Name BONITA GATEWAY CORPORATION Mailing Address Principal Place of Business 12699 NEW BRITTANY BLVD. 12699 NEW BRITTANY BLVD FORT MYERS FL 33901 P.O. DRAWER 159 DO NOT WRITE IN THIS SPACE FT MYERS FL 33902-0159 us 3. Date Incorporated or Qualifed 04/06/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0109018 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip This corporation owes the current year Intangible □No Yes 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BARKER, R. SCOTT Street Address (P.O. Box Number is Not Acceptable) 12699 NEW BRITTANY BLVD. FORT MYERS FL 33907 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE BARKER, R. SCOTT 1.2 NAME NAME 12699 NEW BRITTANY BLVD. 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE ☐ Change TITLE BARKER, R. SCOTT 2.2 NAME NAME 12699 NEW BRITTANY BLVD 2.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3,4. CITY-ST-ZIP CITY-ST-ZiP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP CITY-ST-ZIP th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nous report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an important the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. I hereby certify that the informal indicated on this annual report of officer or director of the corporat Block 12 or Block 13 if change

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS