FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
GATEWAY STORAGE COMPANY

DOCUMENT #
P93000002386 (9)

Mailing Address
11930 FAIRWAY LAKES DR
FT MYERS FL 33913

Principal Place of Business
11930 FAIRWAY LAKES DR
FT MYERS FL 33913

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: **01/11/1993**
3a. Date of Last Report:

2. Mailing Address
21 11922 FAIRWAY LAKES DR
Suite, Apt. #, etc. 22
City & State 23 FT. MYERS FL
Zip 24 33922 Country 25

2a. Principal Place of Business
26 11922 FAIRWAY LAKES DR
Suite, Apt. #, etc. 27
City & State 28 FT MYERS FL
Zip 29 33913 Country 30

4. FEI Number: 65-0381629 ☐ Applied For ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUMSDEN DENNIS J
6719 WINKLER RD
SUITE 121
FT MYERS FL 33919

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent's Required Signature)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D	
12 NAME	DOCKERY SAMUEL E	
13 STREET ADDRESS	11930 FAIRWAY LAKES DR	
14 CITY ST ZIP	FT MYERS FL 33913	
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this report is absolutely true and correct as required by the exemption statute Section 119.07(3)(i), Florida Statutes. I authorize the Division of Corporations from any liability of non-compliance with Section 119.07 (3)(i) to the extent that the information supplied is claimed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect and be binding as if I have fulfilled all obligations concerning penalties imposed by Chapter 837, Florida Statutes. 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR