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

PROFIT CORPORATION **ANNUAL REPORT**



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

1996

SIGNATURE:

P9300002386 (9)

| DOCUMENT # P9300002386 (9) GATEWAY STORAGE COMPANY | | | | | | | | | | |
|--|--|---|---|---|--|-----------------------------------|--|--|--------------------------------|--|
| | | | | | | | | | | |
| Principal Place | of Business | A 4640 (1040) | Mailing Address | | | | | | | |
| 11922 FAIRWAY LAKES DRIVE FORT MYERS FL 33913 US | | | 11922 FAIRWAY LAKES DRIVE FORT MYERS FL 33913 US | | | | | | | |
| | | | | | | | 3. Date incorporated or Qualified 01/11/1993 | 3a. Date of I | Last Re)1/19 | |
| 2. Principal Pla | | | 2a. Mailing Address | | | 4. FEI Number | | | Applied For | |
| 1 //930 / Suite, Apt. # | FAULWAY | THKES DIS | | | | ₹ | 65-0381629 | · | | Not Applicable |
| 2 Suite, Apt. # | etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | _ \$ | | Additional Required |
| City & State | ERS, JEL | | City & State 28 PT. MYERS , FL | | | | Election Campaign Financing Trust Fund Contribution | | | May Be |
| _Zp ¬¬ | Zip Country | | Zip | Coun | Country 30 U.S. M. | | 8. This corporation has liability for i | | | |
| <u> </u> | | U.S.A. Address of Current | 29 339/3 Registered Agent | 30 0. | 5 /3 . | | Florida Statutes Yes 10. Name and Address of New R | □ No | nt | ****** |
| | | | | | 1 Name | | To. Halle and Address of New A | egistered Age | | |
| DOCKE | RY, SAMUEL E | | | ١, | 2 Street Addre | | ss (P.O. Box Number is Not Acceptab | lo\ | | |
| 11922 FAIRWAY LAKES DR | | | | L. | 1193 | | | ALK WAY LAKES DRIVE | | |
| SUITE 1 | | | | [8 | 13 | | | | | |
| FT MYE | RS FL 33913 | | | 1 | 4 City | | | 8 | 5 Z _I r | Code |
| 11 Pureuant to | the provisions | of Continue 607 0500 | and 207.1500 Flands Obs | | | | | I-1 | 1 ' | |
| or registere | ed agent, or both | i, in the State of Florid | anu 507, 1508, Florida Stati a. Such change was author | utes, the abovi rized by the co | e-named c rporation's | orporat board | tion submits this statement for the pur d of directors. I hereby accept the appo | pose of changir pintment as regi | ng its re stered | agistered office agent. Lam |
| | n, and accept the | e obligations of, Section | on 607.0505, Florida Statuti | €Ś. | | | | ŭ | | |
| SIGNATURE _ | Signature, typed or prin | ted name of registered agent a | ndittle happleane. (i | NOTE: Registered A | gent signature | required : | when reinstating) | DATE | | |
| 12. | | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFI | | ECTO | RS IN 12 |
| TITLE | 0 | ***** | DEL ETE | 1 1 1 H | E | 8,1 | V, X, T, D | @ (0) | hange | Addition |
| NAME | | SAMUEL E | | 1 2 NAM | E | | | | | |
| STREET ADDRESS | FT MYERS | WAY LAKES DR | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | FI MIERO | FL 33913 | ☐ DELETE | | - ST - ZIP | | | | | - Arm |
| NAME | | | | 2 1 1/1 | | | | ☐ CI | ange | Addition |
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| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | |
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| NAME | | | | 3.2 NAM | E | | | | | |
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| NAME | | | | 4.2 NAM | Ē | | | | | |
| STREET ADDRESS | | | | 4.3 STHE | ET AUDRESS | | | | | |
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| NAME | | | Ljocicic | 5 1 TITL 5 2 NAM | | | | □ CI | range | ☐ Addition |
| STREET ADDRESS | | | | | t El address | | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY | | | | | | |
| TITLE | ······································ | | [] DELETE | €. 1 TITL | | | Mile & Andrewson Company (Virtual State of Company) and Administration (Company) and Administration (Co | | nange | Addition |
| NAME | | | | 6.2 NAM | | | | L | e- | |
| STREET ADDRESS | | | | 6.3 STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 1 | 6.4 CITY | - \$1 - ZIP | | | | | |
| Outry triat i | | nformation supplied windinated on this annual driector of the corpora K-13 if changed, or o | | rnished and do Jual report is lee empowered dress. | ies not qua rue and ac d to execul | alify for courate te this i | the exemption stated in Section 119.6 and that my signature shall have the report as required by Chapter 607, Flo | 07(3)(k), Florida same legal effec orida Statutes; a | Statute at as if and tha | es. I further made under t my name |

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

944-768,5070 Daytime Prione #

4-30,96 Date