

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90108 016 ***150.00

0449140

DOCUMENT # P93000002386

1. Corporation Name

GATEWAY STORAGE COMPANY

Principal Place of Business

11922 FAIRWAY LAKES DR.
FORT MYERS FL 33913
US

Mailing Address

11922 FAIRWAY LAKES DR.
FORT MYERS FL 33913
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1993

2. Principal Place of Business

21 11930 Fairway Lakes Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 11930 Fairway Lakes Dr
Suite, Apt. #, etc.

22 Suite #2
City & State

27 Suite #2
City & State

23 Fort Myers Florida
Zip Country

28 Fort Myers, Florida
Zip Country

24 33913

25 USA

29 33913

30 USA

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

DOCKERY, SAMUEL E
11922 FAIRWAY LAKES DR.
SUITE 121
FT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name

DOCKERY, SAMUEL E

82 Street Address (P.O. Box Number is Not Acceptable)

11930 Fairway Lakes Drive

83

Suite #2

84 City

Fort Myers

FL

85 Zip Code

33913

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

Samuel E. Dockery

4-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when filing this statement.)

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME DOCKERY, SAMUEL E
STREET ADDRESS 11922 FAIRWAY LAKES DR.
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PVST
DOCKERY, SAMUEL E
11930 Fairway Lakes Drive
Fort Myers, Florida 33913

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: Dockery

4-26-99

941-768-5070

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)