

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000001585 (6)

1. Corporation Name

TOLLGATE ENTERPRISES, INC.



Principal Place of Business

1841 FREDERICK ST.
NAPLES FL 33962

Mailing Address

1841 FREDERICK ST.
NAPLES FL 33962

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

NYWENING, KAE
1841 FREDERICK ST.
NAPLES FL 33962

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 607.07(2) and 607.15(1), Florida Statutes, the above named corporation submits the 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 607.05(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	SHANKLIN, PEGGY	1300 HERNANDO ST.	NAPLES FL 33940	[] DELETE			
D	WHITING, DANIEL	1300 HERNANDO ST.	NAPLES FL 33940	[] DELETE			
D	WHITING, FREDRICK E	3414 TOLEDO WAY	NAPLES FL 33942	[] DELETE			
D	NYWENING, KAE	1645 MULLETT CT.	NAPLES FL 33962	[] DELETE			
D	WHITING, KIMILLE	2521 KINGSTON PIKE, APT. 1509	KNOXVILLE TN 37919	[] DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
[X] Change		1225 ROSEPETAL LANE	NAPLES FL 33942	[] Change			
[] Change				[] Change			
[] Change				[] Change			
[X] Change		370 DEVILS BIGHT	NAPLES FL 33940	[] Change			

14. I do hereby certify that the information supplied in this filing is voluntary, complete and true and that I am not qualified for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that this form also indicated on the annual report being submitted as 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 in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

941-732-0700

CR2E034 (12/95)