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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 FEB 23 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000007614 (8)

1. Corporation Name
GATEWAY CONSTRUCTION, INC. OF LAKELAND

Principal Place of Business	Mailing Address
407 OAK TRAIL LAKELAND, FL. 33813-3438	P. O. BOX 91663 LAKELAND, FL 33804-1663

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report: 09/08/1995

2. Principal Place of Business	2a. Mailing Address
21 2102 2ND AVE.	26 2102 2ND AVE>
Suite, Apt. #, etc. 22	Suite, Apt. # etc. 27
City & State 23 Tampa, FL.	City & State 28 Tampa, FL.
Zip / Country 24 33605 / 25 USA	Zip / Country 29 33605 / 30 USA

4. FEI Number: 59-3215212 — X 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Michael A. Gaines
1800 S. CRYSTAL LAKE DRIVE
LAKELAND FL 33801-6529

10. Name and Address of New Registered Agent

81 Name: **Ron Gaines**
82 Street Address (P.O. Box Number is Not Acceptable): **2050 E. Egdewood Dr**
83
84 City: **Lakeland** FL 85 Zip Code: **33805**

11. Pursuant to the provisions of Sections 607.0502 and 607.1536, 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: Ron Gaines Ron Gaines 2/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '?'		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Pamela E. Rankine 2015 Deerfield Dr. Lakeland, FL 33813	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Michael Gaines 2102 2ND Ave. Tampa, FL 33605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Michael A Gaines I 2015 Deerfield Dr. Lakeland, FL 33813	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	200001724232 -02/26/96--01079--001 ****252.50 ****200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kevin B. Nelson 2215 Mateo St. Lakeland, FL 33801	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	FEB 26 1996	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemental 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.

SIGNATURE: Michael Gaines 2/22/96 (941) 670-3012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Gaines