

07/15/96 13:28 FAX 19416831883

GATEWAY GROUP

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

FILED
Jul 15 1996 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000012998 (7)

1. Corporation Name
GATEWAY GROUP OF LAKELAND, INC.



700001893437
-07/15/96--01016--014

Principal Place of Business: **419 NORTH INGRAHAM AVE. LAKELAND, FL. 33801-2030**

Mailing Address: **P.O. BOX 92019 LAKELAND, FL 33804-2019**

3. Date incorporated or qualified: **02/13/1995**

3b. Date of last report: **3/29/96**

2. Principal Place of Business

2a. Mailing Address

2b. Suite, Apt. #, etc.

2c. City & State

2d. Zip

2e. Country

4. FEI Number: **59-3297782**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fee**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Kevin B. Nelson
7410 El Encanto Ct.
Tampa, FL 33617

10. Name and Address of New Registered Agent

10a. Name

10b. Street Address (P.O. Box Number is Not Acceptable)

10c. City

10d. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Kevin B. Nelson DATE: 7-15-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Crystal Stephens	303 N. Brunnell Pkwy #66	Lakeland, FL 33801

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
T/S	Pamela E. Rankine	2015 Deerfield	Lakeland, FL 33813
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
C	Michael A. Gaines I	P.O. 92579	Lakeland, FL 33804-2579
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	Nelson Kevin	7410 El Encanto Ct apt #68	Tampa, FL 33617
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	David John	303 West Crescent Drive	Lakeland, FL 33805
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	Johnson Kimberly	P.O. Box 955 N/A	Eaton Park, FL 33840
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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)(k), 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: Kevin B. Nelson DATE: 7-15-96 PHONE: 941 687-7315