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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P95000061716 (3)

## FILED Jan 20 1998 8:00am Secretary of State

DOCUMENT # GATEWAY STORAGE OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 1114 ROOSEVELT AVE 1114 ROOSEVELT AVE LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0604043 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 DILICH, KEVIN 1114 ROOSEVELT AVE Street Address (P.O. 82 Box Number is Not Acceptable) LEHIGH ACRES FL 33936 83 City 84 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE D 1.1 TITLE DILICH, KEVIN NAME 1.2 NAME 1114 ROOSEVELT AVE STREET ADDRESS 1.3 STREFT ADURESS **LEHIGH ACRES FL 33936** CITY-ST-7IP 1.4 CITY-S1-ZIP DELFTE Change Addition TITLE 2.1 TOLE CORBETT, STEVE 2.2 NAME 1114 ROOSEVELT AVE STREET ADDRESS 2.3 STREET ADDRESS **LEHIGH ACRES FL 33936** CITY - ST - ZIP 2. 4 CITY - ST - ZIP Change DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 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

owner + Maisterno Ament

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