

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068702 (6)

1. Corporation Name

GATEWAY TELECOMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

2711 N.W. 6TH ST., STE. B
GAINESVILLE FL 32609

2711 N.W. 6TH ST., STE. B
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

2. Principal Place of Business

21 2606 NW 6th ST

2a. Mailing Address

26 2606 NW 6th ST

4. FEI Number

59-3344373

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

City & State

23 GAINESVILLE, FL

City & State

28 GAINESVILLE, FL

Zip

24 32609

Country

25 ALACHUA

Zip

29 32609

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

CLAUSEN, MATTHEW
2711 N.W. 6TH ST., STE. B
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

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

2606 NW 6th ST

83

84

City

GAINESVILLE, FL

FL

85

Zip Code

32609

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 date if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CLAUSEN, MATTHEW
STREET ADDRESS 1040 NW 123RD WAY
CITY-ST-ZIP NEWBERRY FL 32669

TITLE D
NAME CLAUSEN, HAROLD
STREET ADDRESS 1040 NW 123RD WAY
CITY-ST-ZIP NEWBERRY FL 32669

TITLE D
NAME WILSON, CHRISTOPHER
STREET ADDRESS 2125 NW 15TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96

352-375-8658

CR2E034 (3/96)