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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000079692 (6)**

1. Corporation Name
GATEWAY CAFE, INC.

Principal Place of Business
3740 BALI LANE
ESTERO FL 33928

Mailing Address
3740 BALI LANE
ESTERO FL 33928

3. Date Incorporated or Qualified: **10/17/1995**
3a. Date of Last Report: N/A

2. Principal Place of Business
21 12220 Towne Lake Dr
Suite, Apt. #, etc. 22
City & State 23 Ft Myers FL
Zip 24 33913 Country 25 Lee

2a. Mailing Address
26 Same as Principal Place
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0623042 — 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
HAWKESWORTH, KEVIN J
12220 TOWNE LAKE DRIVE
SUITE 10
FORT MYERS FL 33913

10. Name and Address of New Registered Agent
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 607.0502 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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	James Shaw	1.2 NAME	
STREET ADDRESS	563 Eagle Creek Dr	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples FL 33962	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Arlen Lange	2.2 NAME	
STREET ADDRESS	3180 Seaside Way unit 913	2.3 STREET ADDRESS	
CITY-ST-ZIP	Estero FL 33928	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Kevin Hawkesworth	3.2 NAME	
STREET ADDRESS	3740 Bali Lane	3.3 STREET ADDRESS	
CITY-ST-ZIP	Estero FL 33928	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Tamek Shaw Hawkesworth	4.2 NAME	
STREET ADDRESS	3740 Bali Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Estero FL 33928	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500001922595
STREET ADDRESS		6.3 STREET ADDRESS	-08/15/96--01003--011
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***225.00

CR2E034 (3/96)

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] 7/22/96 941-561-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
MS 8/12/96