

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

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90018 011 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000093668**

1. Corporation Name

**GATO CONSULTING & LEASING, INC.**

Principal Place of Business

**3402 N 40TH ST**  
**TAMPA FL 33605**  
**US**

Mailing Address

**PO BOX 8761**  
**TAMPA FL 33674-8761**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

Country

**30**

3. Date Incorporated or Qualified

**12/08/1995**

4. FEI Number

**59-3362935**

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 owes the current year intangible

Personal Property Tax

☒ Yes☐ No

9. Name and Address of Current Registered Agent

**SMITH, STEWART G**  
**4818 SO SUNSET**  
**TAMPA FL 33629**

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

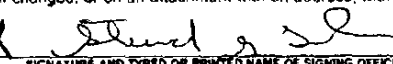
12. OFFICERS AND DIRECTORS

☐ DELETE
**11 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PVTD**  
**SMITH, STEWART G**  
**4818 S SUNSET**  
**TAMPA FL 33629**
**12 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**SMITH, STEWART G**  
**514 E. FERN STREET**  
**TAMPA FL 33604**
**13 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
**14 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
**15 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
**16 TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change☐ Addition
**11 TITLE**  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY-ST-ZIP**
**21 TITLE**  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY-ST-ZIP**
**31 TITLE**  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY-ST-ZIP**
**41 TITLE**  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY-ST-ZIP**
**51 TITLE**  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY-ST-ZIP**
**61 TITLE**  
**62 NAME**  
**63 STREET ADDRESS**  
**64 CITY-ST-ZIP**

14. I hereby 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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

(813) 664-8667

Date

Telephone

CR2E034 (11/98)