

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

FILED
Mar 03 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000038643 (7)**

1. Corporation Name
GATEWAY REALTY OF ELLISVILLE, INC.



| | |
|--|--|
| Principal Place of Business RTE. 2 BOX 100 5158 LAKE CITY FL 32024 | Mailing Address RTE. 2 BOX 100 5158 LAKE CITY FL 32024 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/30/1997

| | |
|--|---|
| 2. Principal Place of Business 21 ROUTE 2, BOX 5158 Suite, Apt. #, etc. | 2a. Mailing Address 26 ROUTE 2, BOX 5158 Suite, Apt. #, etc. |
|--|---|

4. FEI Number
59-3483034

☒ Applied For
☐ Not Applicable

| | |
|---|-------------------------------------|
| 22 City & State LAKE CITY FLA | 27 City & State LAKE CITY |
|---|-------------------------------------|

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

| | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| 24 Zip 32024 | 25 Country USA | 28 Zip 32024 | 30 Country USA |
|------------------------|--------------------------|------------------------|--------------------------|

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**BREWER, G. DAVID
1420 S. 1ST ST.
LAKE CITY FL 32025**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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

Johannes J. Valk
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/98
DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VALK, HANS JOHANNES | |
| STREET ADDRESS | 1420 S. 1ST ST. ROUTE 2, BOX 5158 | |
| CITY - ST - ZIP | LAKE CITY FL 32025 32024 | |
| TITLE | SALES MANAGER / MGMT ADVISOR | <input type="checkbox"/> DELETE |
| NAME | EVELYN H. VALK | |
| STREET ADDRESS | ROUTE 2 BOX 5158 | |
| CITY - ST - ZIP | LAKE CITY, FL 32024 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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.

SIGNATURE: *Johannes J. Valk*

4/5/98

904-752-4444

CR2E034 (10/97)