

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90068 002 ***150.00

DOCUMENT # P97000039275

1. Corporation Name

KINGSGATE BUILDING COMPANY

Principal Place of Business

1705 PALM COVE BLVD SUITE 302
DELRAY BEACH FL 33445

Mailing Address

1705 PALM COVE BLVD SUITE 302
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

--65-0752183

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

2. Principal Place of Business

21 1705 PALM COVE BLVD

Suite, Apt. #, etc.

22 #205

City & State

23 DELRAY BEACH, FL

Zip

24 33445

Country

2a. Mailing Address

26 1705 PALM COVE BLVD

Suite, Apt. #, etc.

27 #205

City & State

28 DELRAY BEACH, FL

Zip

29 33445

Country

30

9. Name and Address of Current Registered Agent

MCALLISTER, GARLAND JOHN
1705 PALM COVE BLVD SUITE 302
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

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

1705 PALM COVE BLVD #205

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

TITLE PD ☐ DELETE

NAME MCALLISTER, GARLAND JOHN
STREET ADDRESS 1705 PALM COVE BLVD SUITE 302
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE SD ☐ DELETE

NAME MCALLISTER, WILLIAM F
STREET ADDRESS 1705 PALM COVE BLVD SUITE 302
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ DELETE

NAME STRAWGATE, DONNA MARIE
STREET ADDRESS 1705 PALM COVE BLVD SUITE 302
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1705 PALM COVE BLVD #205

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1705 PALM COVE BLVD #205

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1705 PALM COVE BLVD #205

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 it 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

2-19-99

Date

561-243-8131

Daytime Phone #

CR2E034 (11/98)