

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # P97000050872 (5)

1. Corporation Name

GATEWAY TRANSPORTATION SERVICES, INC.



Principal Place of Business

9372 NW 101 STREET
MEDLEY FL 33178

Mailing Address

9372 NW 101 STREET
MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

2. Principal Place of Business

21 7770 W. OAKLAND PK.

2a. Mailing Address

26 7770 W. OAKLAND PK.

4. FEI Number

* 65-0391053

Applied For

Not Applicable

Suite, Apt. #, etc.

22 450

Suite, Apt. #, etc.

27 450

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 SUNRISE FLA

City & State

28 SUNRISE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33351

Country

25 USA

Zip

29 33351

Country

30 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

GERARD, CAROL
12180 GLENMORE DRIVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

JOHN MANNING

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

7770 W. OAKLAND PK. BLVD.

83

Suite 450

84 City

SUNRISE

FL

85 Zip Code

33351

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 *John Manning* (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MAMONE, ANNA GRACE
STREET ADDRESS 1800 AUGUSTA TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33071
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST D
1.2 NAME JOHN MANNING
1.3 STREET ADDRESS 7770 W. OAKLAND PK. BLVD. Suite 450
1.4 CITY-ST-ZIP SUNRISE, FL 33351
☐ Change ☒ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 *John Manning*

CR2E034 (5/98)