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

Mailing Address

4630 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

STREET ADORESS

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

4630 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000064663 (2)

**GATEWAY NURSERIES. INC.** 

07/25/1997 2, Principal Place of Business 2a. Mailing Address Applied For 65-0769 345 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No 24 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMYTHE, MARK P 4630 ROYAL PALM BEACH BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 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) Smythe, Mark P Change Bade 4630 Royal Palm Beach Blvd OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS Royal Palm Beach, Fl. 33411 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TiTLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 T≀TLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY - ST - ZIP

4.4 CITY - ST - ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

2.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP 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 armual 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.

FILED

Apr 28 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

CR2E034 (10/97

Addition

Addition

Addition

Addition

Change

Change

Change