

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

FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Montoya Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000091901 (3)

1. Corporation Name

GATEWAY FOOD OF COLLIER COUNTY, INC.

Principal Place of Business

4533 SHEARWATER LN.
NAPLES FL 34119

Mailing Address

4533 SHEARWATER LN.
NAPLES FL 34119



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1997

4. FEI Number

65-0799964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 2132 Tamiami Trail N.

Suite, Apt. #, etc.

22 Naples, Florida

City & State

23 34102

Zip

Country

24

2a. Mailing Address

26 2132 Tamiami Tr. N.

Suite, Apt. #, etc.

27 Naples, Fla

City & State

28 34102

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STANLEY, JOHN F
2660 AIRPORT RD., S.
NAPLES FL 34112

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

Michael J. Costanzo PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME *President*
STREET ADDRESS *Michael J. Costanzo*
CITY-ST-ZIP *2132 Tamiami Tr. N.*
Naples Fla 34119

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
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 changed or in an attachment with an address.

SIGNATURE:

Michael J. Costanzo PRES

4/15/98

CR2E034 (10/97)