


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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90109 044 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000099098

1. Corporation Name

GREENWAY COMMERCIAL PROPERTIES, INC.

Principal Place of Business

 537 N.E. 1ST ST.
 SUITE 3 P.O. BOX 2727
 GAINESVILLE FL 32602

Mailing Address

 537 N.E. 1ST ST.
 SUITE 3 P.O. BOX 2727
 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

59-3480360

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

9. Name and Address of Current Registered Agent

 WITEKA, PHILIP S ESQ.
 537 N.E. 1ST ST.
 SUITE 3
 GAINESVILLE FL 32602

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

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
 NAME WITEKA, PHILIP S
 STREET ADDRESS 537 N.E. 1ST ST. P.O. BOX 2727
 CITY-ST-ZIP GAINESVILLE FL 32602
☐ DELETE
 TITLE STD
 NAME WITEKA, PHILIP S
 STREET ADDRESS 537 N.E. 1ST ST.
 CITY-ST-ZIP GAINESVILLE FL 32602
☐ DELETE
 TITLE
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 CITY-ST-ZIP
☐ DELETE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

352-371-6437

Daytime Phone #

CR2E034 (11/98)