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FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90138 010 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000012288

1. Corporation Name

GATEWAY INSURANCE SERVICES, INC.

Principal Place of Business

2800 E. SILVER SPRINGS BLVD.  
OCALA FL 34471

Mailing Address

2800 E. SILVER SPRINGS BLVD.  
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/06/1998

4. FEI Number

59-3493679

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 1515 E Silver Springs Blvd.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Ocala, Florida

Zip

24 34470

Country

25 Marion

2a. Mailing Address

26 1515 E Silver Springs Blvd.

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Ocala, Florida

Zip

29 34470

Country

30 Marion

9. Name and Address of Current Registered Agent

TROW, CHESTER J  
445 NORTHEAST 8TH AVE  
OCALA FL

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	D	<input checked="" type="checkbox"/> DELETE
NAME	CLIFFORD, LINDA K	
STREET ADDRESS	4325 SE 24 TER	
CITY-STATE-ZIP	OCALA FL 34480	

TITLE	D	<input type="checkbox"/> DELETE
NAME	THEURER, ERNEST E	
STREET ADDRESS	8 CHASE HOLLOW RD.	
CITY-STATE-ZIP	HOPEWELL NJ 08525	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLETCHER, PAUL E	
STREET ADDRESS	16 ALMOND WAY	
CITY-STATE-ZIP	OCALA FL 34472	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DILL, P. WAYNE	
STREET ADDRESS	1744 SE 39 TER	
CITY-STATE-ZIP	OCALA FL 34471	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)