

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90197 018 ***150.00

DOCUMENT # P98000055387

1. Corporation Name
GATEWAY BIO-NUTRIENTS, INC.



Principal Place of Business
**2724 COLLEGE STREET
SUITE 8
JACKSONVILLE FL 32205**

Mailing Address
**2724 COLLEGE STREET
SUITE 8
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 324 N. 14th Ave.
Suite, Apt. #, etc.
22
City & State
23 Jacksonville Bch, FL
Zip Country
24 32250 25 USA

2a. Mailing Address
26 324 N. 14th Ave.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville Bch, FL
Zip Country
29 32250 30 USA

3. Date Incorporated or Qualified
06/22/1998

4. FEI Number
59-3517754 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
**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name Jesse P. Griffin
82 Street Address (P.O. Box Number is Not Acceptable) 708 E. South St.
83
84 City Starke FL 85 Zip Code 32091

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 **X JESSE P. GRIFFIN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 4/18/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	JONES, HERMAN O	2724 COLLEGE STREET	JACKSONVILLE FL 32205	<input type="checkbox"/>
STD	JONES, BETH S	2724 COLLEGE STREET	JACKSONVILLE FL 32205	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Jones, Herman O.	324 N. 14th Ave.	Jacksonville Bch, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Jones, Beth S.	324 N. 14th Ave.	Jacksonville Bch, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Herman O. Jones** **Apr 15/99** **904-389-4234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #