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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)GATEWAY DISCOUNT, INC. Principal Place of Business Mailing Address 233 EAST STATE ST. 233 EAST STATE ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1992 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3122216 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WARREN, ELLIS R. 81 Name 233 E. STATE ST. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 City 85 | Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition NAME WARREN, ELLIS R. 1.2 NAME 233 EAST STATE ST. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST- ZIP 1.4 CITY - ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition NYE, SHERRY A. NAME 2.2 NAME 233 EAST STATE ST. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE L. DELETE Change 3.1 TITLE Addition WARREN, HAROLD L. NAME 3.2 NAME 233 EAST STATE ST. STREET ADDRESS 3,3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME BOCHNIA, JOHN S. 4.2 NAME 233 EAST STATE ST. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition Addition

14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE-

STREET ADDRESS

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