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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **852894** (5)  
1. Corporation Name  
**GATEWAY CENTENNIAL DEVELOPMENT CO., INC.**

Principal Place of Business Mailing Address  
**801 OHIO PIKE** **801 OHIO PIKE**  
**200** **200**  
**CINCINNATI OH 45245** **CINCINNATI OH 45245**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **05/18/1982** 3a. Date of Last Report **05/19/1994**  
4. FEI Number **31-0982933** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TREVINO, J.C. W**  
**990 HARBOR LAKE DR**  
**SAFETY HARBOR FL 34695**

10. Name and Address of Now 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>POLOSKY, JOYCE</b>
STREET ADDRESS	<b>300 HUNTERS GLEN CT</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>VSD</b>
NAME	<b>TRAUTMANN, DEL A JR</b>
STREET ADDRESS	<b>13708 WALBROOKE DR.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b>
NAME	<b>TRAUTMANN, RICHARD S</b>
STREET ADDRESS	<b>1420 CENTRAL TRUST TOWER</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<b>D</b>
NAME	<b>SCHILS, MARGARET</b>
STREET ADDRESS	<b>4930 BEECHWICKS DR</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<b>D</b>
NAME	<b>TRAUTMANN, MICHAEL</b>
STREET ADDRESS	<b>1487 MONROE DR</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>T</b>
NAME	<b>TRAUTMAN, JOHN</b>
STREET ADDRESS	<b>801 OHIO PIKE / STE - 200</b>
CITY - ST - ZIP	<b>CIN OH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>80000 1430098</b>
2.3 STREET ADDRESS	<b>-05/17/95 -01025 -012</b>
2.4 CITY - ST - ZIP	<b>****225.00 ****225.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SCHILS MARGARET</b>
4.3 STREET ADDRESS	<b>4930 BEECHWOOD DR</b>
4.4 CITY - ST - ZIP	<b>CINTI OHIO 45245</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TRAUTMAN, MICHAEL</b>
5.3 STREET ADDRESS	<b>1419 SOUTH 1ST STREET</b>
5.4 CITY - ST - ZIP	<b>JACKSONVILLE FL 32250</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SP1512</b>
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *John Trautman* *Trautman* *5/10/95*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year