

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 282511

(5)

1. Corporation Name

GATE LANDS INVESTMENTS, INC.

Principal Place of Business

**8540 STATE ROAD 13
JACKSONVILLE FL 32257-5432**

Mailing Address

**P.O. BOX 23627
JACKSONVILLE FL 3224-627
US**

**APPROVED
AND
FILED**

95 APR 19 PM 4: 51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1964

3a. Date of Last Report

04/21/1994

4. FEI Number

58-1300808

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

**FOSTER, DAVID M.
1000 GULF LIFE DRIVE
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1300 Riverplace Blvd.

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DSV
LIEDERS, JACK C., JR.
8540 STATE ROAD 13
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SMITH, P. JEREMY, JR.
8540 STATE ROAD 13
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LUKE, JOSEPH C.
8540 SAN JOSE BLVD.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TAS
GLAVIN, THOMAS M
8540 SAN JOSE BLVD
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FOSTER, DAVID M.
1300 GULF LIFE DR.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
WILSON, KENNETH P.
8540 STATE ROAD 13
JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. GLAVIN

Date

4-11-95

Daytime Phone #

737-7820