FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:05

DOCUMENT # **152305** **(9)**

1. Corporation Name

GATE MARITIME PROPERTIES, INC.

Principal Place of Business	Mailing Address
5660 CHANNELVIEW BLVD JACKSONVILLE FL 32226 US	PO BOX 23627 JACKSONVILLE FL 32241-3627 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1947
3a. Date of Last Report: 02/16/1994

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

4. FEI Number: 59-0973954 ☐ 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	10. Name and Address of New Registered Agent
LUEDERS, JACK C JR 9540 SAN JOSE BLVD. JACKSONVILLE FL 32257	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mail/delivered.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LUEDERS, JACK C JR	12 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	14 CITY ST ZIP	
TITLE	VGM	21 TITLE	☐ Change ☐ Addition
NAME	MANTIA, THOMAS	22 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 0	24 CITY ST ZIP	
TITLE	VST	31 TITLE	☐ Change ☐ Addition
NAME	MCCORMACK, JAMES EUGENE	32 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FOSTER, DAVID M.	42 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, P JEREMY JR	52 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Jack C. Lueders Jr. JACK C. LUEDERS JR. 03/21/95 (904) 448-2944
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #