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FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90033 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 674200

1. Corporation Name

GATE CONCRETE PRODUCTS CO.



Principal Place of Business  
402 HECKSCHER DRIVE  
JACKSONVILLE FL 32226-2604

Mailing Address  
402 HECKSCHER DRIVE  
JACKSONVILLE FL 32226-2604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1980

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2005601

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUKE, JOSEPH C  
9540 SAN JOSE BLVD-STATE RD 13  
JACKSONVILLE FL 32217

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME PEYTON, H.H., JR.  
STREET ADDRESS 9540 STATE ROAD 13  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Director ☒ Change ☐ Addition  
1.2 NAME David M. Foster  
1.3 STREET ADDRESS 9540 State Road 13  
1.4 CITY-ST-ZIP Jacksonville, FL

TITLE D ☐ DELETE  
NAME LUKE, JOSEPH C.  
STREET ADDRESS 9540 STATE ROAD 13  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME ZEMANEK, LOUIS  
STREET ADDRESS 9540 STATE ROAD 13  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME CLEGHORN, BENNY  
STREET ADDRESS 402 HECKSCHER DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Director ☐ Change ☒ Addition  
4.2 NAME Benny Cleghorn  
4.3 STREET ADDRESS 402 Heckscher Drive  
4.4 CITY-ST-ZIP Jacksonville, FL

TITLE S ☐ DELETE  
NAME LUEDERS, JACK C  
STREET ADDRESS 9540 STATE RD 13  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME DAVIS, HENRY B  
STREET ADDRESS 402 HECKSCHER DR  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

