

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K70840****1. Entity Name,
GATE-PRECAST COMPANY****FILED
Apr 25, 2001 8:00 am
Secretary of State**

04-25-2001 90039 032 ***150.00

Principal Place of Business

**HWY 21 SO
MONROEVILLE AL 36460
US**

Mailing Address

**BOX 23627
JACKSONVILLE FL 32241-3627
US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 63-0996064

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CHRITTON, J. KIRBY
1300 GULF LIFE DRIVE
SUITE 800
JACKSONVILLE FL 32207**

Name

MCCORMACK, JAMES E.

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

9540 SAN JOSE BLVD

City

JACKSONVILLE, FL**FL**Zip Code
32257**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE

**J.E. MCCORMACK, SECRETARY****4-16-01**

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DVC** ☐ Delete
NAME **LUKE, J. C.**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VAS** ☐ Delete
NAME **LUEDERS, JACK C JR**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **V/T/AS** ☒ Change ☐ Addition
NAME **LUEDERS, JACK C JR**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**TITLE **DS** ☐ Delete
NAME **MCCORMACK, JAMES EUGENE**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVC** ☐ Delete
NAME **BLAZEK, THOMAS F**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**TITLE **V** ☒ Change ☐ Addition
NAME **BLAZEK, THOMAS F**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**TITLE **T** ☐ Delete
NAME **GWALTNEY, JOSEPH F.**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **A/T** ☒ Change ☐ Addition
NAME **GWALTNEY, JOSEPH F**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**TITLE **D** ☐ Delete
NAME **FOSTER, DAVID M.**
STREET ADDRESS **9540 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.E. MCCORMACK, SECRETARY**4-16-01**

Date

904 448 2910

Daytime Phone #

CR2E034 (10/00)

Attachment 825519

Gate Precast Company
9540 San Jose Blvd.
Jacksonville, FL 32257

K70840

March 26, 2001

Attachment for Document # K70840

Addition:

<u>Name</u>	<u>Title</u>
Cleghorn, Benny L.	D/V/C
Gwin, William	P
Ledkins, Marcus	V