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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 6:49

DOCUMENT # L66386 (8)

1. Corporation Name
GATE PALLET SYSTEMS, INC.

Principal Place of Business	Mailing Address
1204 ERIE COURT CROWN PT IN 46307 US	P O BOX 23627 JACKSONVILLE FL 32241-3627 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1990
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3003809 ☐ 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

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

9. Name and Address of Current Registered Agent

GROOVER, JUDY
1300 GULF LIFE DRIVE
SUITE 800
JACKSONVILLE FL 32207

10. Name and Address of New 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	P	☒ Change ☐ Addition
NAME	KILPATRICK, TED	12 NAME	JOSEPH C. LUKE	
STREET ADDRESS	9540 SAN JOSE BLVD	13 STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE FLORIDA	
TITLE	VPTD	21 TITLE	V/P/T	☒ Change ☐ Addition
NAME	WAGNER, ART	22 NAME	FRANK GWALTNEY	
STREET ADDRESS	9540 SAN JOSE BLVD	23 STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE FLORIDA	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, P JEREMY J	32 NAME		
STREET ADDRESS	9540 SAN JOSE BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	VPAS	41 TITLE		☐ Change ☐ Addition
NAME	LUEDERS, C J	42 NAME		
STREET ADDRESS	9540 SAN JOSE BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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 JACK C. LUEDERS 03/21/95 (904) 448-2944
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED Date Daytime Phone #