

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000085321 (6)

1. Corporation Name

GATE PALLET SYSTEMS - PACIFIC, INC.



Principal Place of Business

Mailing Address

9007 ARROW ROUTE
BLDG 1, STE 235
RANCHO CUCAMONGA CA 91730
US

PO BOX 23627
JACKSONVILLE FL 32241-3627
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/14/1993

3a. Date of Last Report

03/29/1995

4. FET Number

59-3214648

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

10. Name and Address of New Registered Agent

FOSTER, DAVID M
1301 GULF LIFE DRIVE
SUITE 1500
JACKSONVILLE FL 32207

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 607.1504, 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 of Registered Agent (Print Name, Title, and Address)

Signature of Registered Agent (Print Name, Title, and Address)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VPT

☐ DELETE

1. TITLE

☐ Change

☐ Addition

NAME

LUEDERS, JACK C JR

2. NAME

STREET ADDRESS

9540 SAN JOSE BLVD

3. STREET ADDRESS

CITY - ST - ZIP

JACKSONVILLE FL

4. CITY - ST - ZIP

TITLE

AT

☐ DELETE

2. TITLE

☐ Change

☐ Addition

NAME

MCCORMACK, JAMES E

2. NAME

STREET ADDRESS

9540 SAN JOSE BLVD

3. STREET ADDRESS

CITY - ST - ZIP

JACKSONVILLE FL

4. CITY - ST - ZIP

TITLE

AS

☐ DELETE

3. TITLE

☐ Change

☐ Addition

NAME

ZEMANEK, LOUIS M

3. NAME

STREET ADDRESS

9540 SAN JOSE BLVD

3. STREET ADDRESS

CITY - ST - ZIP

JACKSONVILLE FL

4. CITY - ST - ZIP

TITLE

☐ DELETE

4. TITLE

☐ Change

☐ Addition

NAME

4. NAME

STREET ADDRESS

4. STREET ADDRESS

CITY - ST - ZIP

4. CITY - ST - ZIP

TITLE

☐ DELETE

5. TITLE

☐ Change

☐ Addition

NAME

5. NAME

STREET ADDRESS

5. STREET ADDRESS

CITY - ST - ZIP

5. CITY - ST - ZIP

TITLE

☐ DELETE

6. TITLE

☐ Change

☐ Addition

NAME

6. NAME

STREET ADDRESS

6. STREET ADDRESS

CITY - ST - ZIP

6. 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:

Louis M Zemanek

LOUIS M ZEMANEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/96

(904) 448-2910

DATE

PHONE NUMBER

CR2E034 (12/95)