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Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**

3. Date Incorporated or Qualified  
**12/14/1993**

3a. Date of Last Report  
**03/26/1996**

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

29

30

9. Name and Address of Current Registered Agent

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 607.1508, 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	LUEDERS, JACK C JR	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MCCORMACK, JAMES E	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZEMANEK, LOUIS M	
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph C. Luke	
1.3 STREET ADDRESS	9540 San Jose Blvd. Jax, Fla 32257	
1.4 CITY- ST- ZIP		
2.1 TITLE	V/T/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack C. Lueders JR.	
2.3 STREET ADDRESS	9540 San Jose Blvd. Jax, Fla 32257	
2.4 CITY- ST- ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P. Jeremy Smith Jr.	
3.3 STREET ADDRESS	9540 San Jose Blvd. Jax, Fla 32257	
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS M ZEMANEK SECRETARY

1-30-97 (904) 448-2910

Date Daytime Phone

CR2E034 (9/96)