

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90049 007 \*\*\*150.00

DOCUMENT # P93000085321

1. Corporation Name

GATE PALLET SYSTEMS - PACIFIC, INC.

Principal Place of Business

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

Mailing Address

PO BOX 23627  
JACKSONVILLE FL 32241-3627  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1993

4. FEI 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

FOSTER, DAVID M  
1301 GULF LIFE DRIVE  
SUITE 1500  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LUKE, JOSEPH C.  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VTAD  
NAME LUERDA, JACK C. JR.  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME SMITH JR., P. JEREMY  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE AS  
NAME MCCORMACK, JAMES E  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE AS  
NAME ZEMANEK, LOUIS M  
STREET ADDRESS 9540 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DVTS  
2.2 NAME LUEDERS, JACK C. JR.  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE AT  
4.2 NAME MCCORMACK, JAMES E  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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)(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, with all other like empowered.

SIGNATURE:

*Louis M. Zemanek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LOUIS M. ZEMANEK

JAN. 7, 1999

Date

(904)448-2910

Daytime Phone #

CR2E034 (11/98)

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