

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062235

Entity Name: GATE PRECAST COMPANY**Current Principal Place of Business:**9540 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257**Current Mailing Address:**PO BOX 23627
JACKSONVILLE, FL 32241-3627**FEI Number:** 59-3390809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILDEBRAND, LUCAS J
9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US*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:** LUCAS J HILDEBRAND

03/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, COO
Name GWIN, DEAN O
Address 9540 SAN JOSE BOULEVARD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name RHODES, T MITCHELL
Address 9540 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name NEWTON, ARTHUR T III
Address 9540 SAN JOSE BOULEVARD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR, VP, SECRETARY,
TREASURER
Name HILDEBRAND, LUCAS J
Address 9540 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name FOX, TRAVIS M
Address 3800 OXFORD LOOP
City-State-Zip: OXFORD NC 27565

Title VP
Name LEDKINS, MARCUS A
Address 2440 S ALABAMA AVENUE
City-State-Zip: MONROEVILLE AL 36460-5756

Title VP
Name STINI, JAMES R
Address 3201 VETERANS DR
City-State-Zip: PEARLAND TX 77584

Title VP
Name LUKE, BRYANT A
Address 9540 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32257

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCAS J HILDEBRAND**SECRETARY**

03/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name COLLINS, LORIE
Address 9540 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32257

Title ASST. SECRETARY
Name WELLS, BETH A
Address 9540 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32257