

ANNUAL REPORT
1995



Barbara B. Johnson
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 28 PM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14940** (1)

1. Corporation Name
GATES/FA DISTRIBUTING, INC.

Principal Place of Business

**39 PELHAM RIDGE DR.
GREENVILLE SC 29615**

Mailing Address

**39 PELHAM DR
GREENVILLE SC SC 29615-5709**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

25 Hub Drive

Suite, Apt. #, etc.

4. FEI Number

11-2860574

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

22

27

Attn: Tax Dept.

23

28

Melville, NY

24

25

Country

29

11747

30

USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 the # and date)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**
NAME **TERRY REAVIS,**
STREET ADDRESS **3925 WINTERS HILL DR.**
CITY-ST-ZIP **ATLANTA GA 30380**

1.1 TITLE **CD** Change Addition
1.2 NAME **Stephen P. Kaufman**
1.3 STREET ADDRESS **25 Hub Drive**
1.4 CITY-ST-ZIP **Melville, NY 11747**

TITLE **VP**
NAME **THOMPSON, MIKE R**
STREET ADDRESS **201 WEBBERLY DRIVE**
CITY-ST-ZIP **SIMPSONVILLE SC 29681**

2.1 TITLE **VTSD** Change Addition
2.2 NAME **Robert E. Klatall**
2.3 STREET ADDRESS **25 Hub Drive**
2.4 CITY-ST-ZIP **Melville, NY 11747**

TITLE **VP**
NAME **LUMPKIN, JERRY A**
STREET ADDRESS **10 BRUSHYCREEK RIDGE**
CITY-ST-ZIP **TAYLORS SC 29687**

3.1 TITLE **V** Change Addition
3.2 NAME
3.3 STREET ADDRESS **39 Pelham Ridge Drive**
3.4 CITY-ST-ZIP **Greenville, SC 29615**

TITLE **VP**
NAME **NICHOLSON, LEE**
STREET ADDRESS **39 PELHAMRIDGE DRIVE**
CITY-ST-ZIP **GREENVILLE SC 29615**

4.1 TITLE **V** Change Addition
4.2 NAME
4.3 STREET ADDRESS **39 Pelham Ridge Drive**
4.4 CITY-ST-ZIP

TITLE **D**
NAME **OXENHORN, ELI**
STREET ADDRESS **55 BRYANT AVE**
CITY-ST-ZIP **ROSLYN NY 11576**

5.1 TITLE **P** Change Addition
5.2 NAME **Philip Ellet**
5.3 STREET ADDRESS **39 Pelham Ridge Drive**
5.4 CITY-ST-ZIP **Greenville, SC 29615**

TITLE **D**
NAME **GATES, DENNIS**
STREET ADDRESS **5221 CENTRAL AVE.**
CITY-ST-ZIP **RICHMOND CA 92804**

6.1 TITLE **V** Change Addition
6.2 NAME **Vincent J. Ferri**
6.3 STREET ADDRESS **25 Hub Drive**
6.4 CITY-ST-ZIP **Melville, NY 11747**

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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an attachment with an address

SIGNATURE:

Vincent J. Ferri, Vice President

(516) 391-1444