

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

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Mar 12 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 # 502083 (9)
1. Corporation Name
GEM LAPIDARY EQUIPMENT, INC.



Principal Place of Business Mailing Address
~~427 SAN JUAN AVENUE~~ JACKSONVILLE FL 32210
~~427 SAN JUAN AVENUE~~ JACKSONVILLE FL 32210-3229

4206 HERSCHEL STREET

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 04/28/1976 | 3a. Date of Last Report 04/25/1996 |
| 4. FEI Number 59-1650942 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|-------------------------------------|
| 2. Principal Place of Business 21 4206 HERSCHEL ST State, Apt. #, etc. | 2a. Mailing Address 26 SAME |
| 22 JACKSONVILLE, FL City & State | 27 JACKSONVILLE, FL City & State |
| 23 32210 Zip | 28 DUAL Country |
| 24 32210 Zip | 25 DUAL Country |
| 29 | 30 |

9. Name and Address of Current Registered Agent

FORT, RACHAEL K.
4161 ROBIN HOOD RD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | FORT, TOM | |
| STREET ADDRESS | 4161 ROBIN HOOD RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | FORT, WILLIAM | |
| STREET ADDRESS | 4161 ROBIN HOOD RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | FORT, LYNNE | |
| STREET ADDRESS | 4161 ROBIN HOOD RD | |
| 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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: _____ DATE: 3/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas L. Fort
Daytime Phone #: 904-358-1200

CR2E034 (9/96)