

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13618 (6)**

1. Corporation Name

JACKSONVILLE GEM AND MINERAL SOCIETY, INC.



Principal Place of Business

Mailing Address

1912 BLACKMON RD
YULEE FL 32097
US

PO BOX 7084
ORANGE PARK FL 32073
US

3. Date Incorporated or Qualified **02/27/1986** 3a. Date of Last Report **02/06/1995**

2. Principal Place of Business
21 **962 Fruitwood Drive**
Suite, Apt. #, etc.
22
City & State
23 **Jacksonville, FL**
Zip
24 **32259** Country
25 **St. Johns**

2a. Mailing Address
26 **445-26 St. Road 13**
Suite, Apt. #, etc.
27 **Suite 300**
City & State
28 **Jacksonville, FL**
Zip
29 **32259** Country
30 **St. Johns**

4. FEI Number **59-2931144** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUTTLE, BARBARA H
894 BLACKMAN ROAD
YULEE FL 32097**

81 Name **Marvin A. Ullig**
82 Street Address (P.O. Box Number is Not Acceptable)
962 Fruitwood Drive
83
84 City **Jacksonville, FL** 85 Zip Code **32259**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Marvin A. Ullig P/D**

Marvin A. Ullig

4-19-96

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

(NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FUQUA, SHIRLEY	
STREET ADDRESS	538 MULBERRY DR	
CITY-ST-ZIP	GREEN COVE SPGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ULLIG, MARVIN	
STREET ADDRESS	962 FRUITWOOD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, LINDA	
STREET ADDRESS	9830 BEAUCLERC TERR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CECIL, MICKEY	
STREET ADDRESS	8439 DUSKIN CT	
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

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marvin A. Ullig	
1.3 STREET ADDRESS	962 Fruitwood Drive	
1.4 CITY-ST-ZIP	Jacksonville, FL 32259	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Casteel	
2.3 STREET ADDRESS	4249 Goldie Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mildred Zang	
3.3 STREET ADDRESS	4303 Falling Leaf Court	
3.4 CITY-ST-ZIP	Jacksonville, FL 32258	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Sornberger	
4.3 STREET ADDRESS	12138 Cheyenne Trail	
4.4 CITY-ST-ZIP	Jacksonville, FL 32223	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Shirley Fuqua	
5.3 STREET ADDRESS	538 Mulberry Drive	
5.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marvin A. Ullig *Marvin A. Ullig*

4-18-96

904-287-1530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)