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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
962 FRUITWOOD DRIVE JACKSONVILLE FL 32259 US  
445-26 STATE ROAD 13 SUITE 300 JACKSONVILLE FL 32259-3825 US

3. Date Incorporated or Qualified 02/27/1986  
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 21 12138 CHEYENNE TRAIL  
Suite, Apt. #, etc. 26 12138 CHEYENNE TRAIL  
22 JACKSONVILLE FL 27 JACKSONVILLE  
City & State  
23 32223 Fla. 28 FL  
Zip Country  
24 32223 25 DUVAL 29 32223 30 DUVAL  
Zip Country

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  
ULLIG, MARVIN  
962 FRUITWOOD DRIVE  
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent  
81 Name JOHN B. SORNBERGER  
82 Street Address (P.O. Box Number is Not Acceptable) 12138 CHEYENNE TRAIL  
83 JACKSONVILLE  
84 City FL 85 Zip Code 32223

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 JOHN B. SORNBERGER, PRES. John B. Sornberger 3-20-97  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include FUQUA, SHIRLEY; ULLIG, MARVIN; CASTEEL, PAUL; ZANG, MILDRED.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and a Change/Addition checkbox. Rows include ULLIG, MARVIN; SORNBERGER, JOHN; CASTEEL, PAUL; ZANG, MILDRED.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: John B. Sornberger 3-20-97 904 262-0979  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007070

CR2E037 (9/96)