2002 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2002 8:00 am Secretary of State **DOCUMENT # N13618** 04-02-2002 90877 031 ****61.25 1. Entity Name JACKSONVILLE GEM AND MINERAL SOCIETY, INC. Mailing Address Principal Place of Business JACKSONVILLE GEM & MINERAL SOCIETY. INC. TER JACKSONVILLE GEM & MINERAL SOCIETY. INC. 4371 PHILLIPS HWY JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2931144 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired DUVA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ceil TUTTLE, DAVID T 994 BLACKMON ROAD Montego YULEE FL 32097 City, 8. 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$81,25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition 9/0 ☐ Delete TITLE TITLE MickeyCeul TUTTLE DAVID T NAME NAUS STREET ADDRESS 994 BLACKMON ROAD STREET ADDRESS CITY-ST-ZIP YULEE FL 32097 CITY-ST-ZIP ☐ Addition ☐ Delete ₩E TITLE PRICE, ED NAME NAME 2 Inwood Terrace 7038 HAFFORD LN STREET ADDRESS STREET ADDRESS ksonville, FL 3220 JACKSONVILLE FL 32244 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE JOHNSON, DIANNE $-\mathcal{D}$ NAME NAME STREET ADDRESS 10215 MACON RD STREET ADDRESS JACKSONVILLE FL 32219 CITY-ST-ZIP CITY-ST-ZIP Change Addition MILE □ Delete TITLE NAME acker anne NAME 4816 HAWKS LANDING CT STREET ADDRESS STREET ADDRESS CITY ST-712 JACKSONVILLE FL 32217 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE TUTTLE, BARBARA NAME NAME 994 BLACKMON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YULEE FL 32097 CITY-ST-7/P Addition ☐ Chance Delete MLE TITLE

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZiP

ROBINSON, JIM

1058 WILDERMAN DR

JACKSONVILLE FL 32225

FILED

4/2/1