

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22160 (6)**

1. Corporation Name  
**GEM INDUSTRIAL INC.**



Principal Place of Business <b>6842 COMMODORE DRIVE                  WALBRIDGE OH 43465</b>	Mailing Address <b>6842 COMMODORE DRIVE                  WALBRIDGE OH 43465-9765</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/16/1988</b>	3a. Date of Last Report <b>04/26/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>31-1036493</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEMS                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUDOLPH, WILLIAM D.</b>	1.2 NAME	
STREET ADDRESS	<b>6842 COMMODORE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WALBRIDGE OH</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALTER, TIMOTHY</b>	2.2 NAME	
STREET ADDRESS	<b>4027 ELMWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTPHIN, DON</b>	3.2 NAME	
STREET ADDRESS	<b>6842 COMMODORE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WALBRIDGE OH</b>	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEYMAN, DOUGLAS</b>	4.2 NAME	
STREET ADDRESS	<b>4539 CLOVER LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUDOLPH, FREDRICK W.</b>	5.2 NAME	
STREET ADDRESS	<b>6486 LATCHA RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WALBRIDGE OH</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIBBE, ALLAN</b>	6.2 NAME	
STREET ADDRESS	<b>324 EAST WAYNE ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAUMEE OH</b>	6.4 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: *[Signature]* **4/30/97 419-166-1554**

CR2E034 (9/96)