

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Mathum  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

MAY 1 10 35

SECRET  
FLORIDA

DOCUMENT # **V06608** (6)

GEMINI MANAGEMENT INC.

Principal Place of Business: **C/O CENTRAL SUPPLY CO. 515 FERGUSON DR. ORLANDO FL 32805**  
Mailing Address: **C/O CENTRAL SUPPLY CO. 515 FERGUSON DR. ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>01/13/1992</b>	3a. Date of last report <b>05/01/1994</b>
4. FEI Number <b>59-3120313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. # etc.	26. Mailing Address State, Apt. # etc.
22. City & State	27. City & State
23. Country	28. Country
24. Zip Code	29. Zip Code

9. Name and Address of Current Registered Agent <b>FLANAGAN, ED C/O CENTRAL SUPPLY CO. 515 FERGUSON DR. ORLANDO FL 32805</b>	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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FLANAGAN, ED C/O CENTRAL SUPPLY CO. 515 FERGUSON DR. ORLANDO FL 32805	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		1. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		4. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	
STREET ADDRESS		6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		7. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(1)(b), Florida Statutes. I further certify that the information submitted 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 manager or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, or in an attachment to this report with an address.

SIGNATURE: **4/20/95** **298-4618**