

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90119 029 ***158.75

DOCUMENT # *P 98 00000 5212*

1. Corporation Name
GEMCOMP, INC.

Principal Place of Business
*5582 66TH ST N
ST PETERSBURG FL
33709*

Mailing Address
*PO Box 41614
ST PETERSBURG FL
33743-1614*

DO NOT WRITE IN THIS SPACE

| | | | | |
|--|---|---|-------------------------------------|---|
| 2. Principal Place of Business 21 <i>5582 66TH ST N</i> | 2a. Mailing Address 26 <i>PO Box 41614</i> | 3. Date Incorporated or Qualified <i>01/16/98</i> | 4. FEI Number <i>59-348 7218</i> | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 23 City & State <i>ST PETERSBURG FL</i> | 28 City & State <i>ST PETERSBURG FL</i> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 24 Zip <i>33709</i> | 25 Country | 29 Zip <i>33743-1614</i> | 30 Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*ROBERT E. MORRIS
4016 HENDERSON BLVD
TAMPA FL 33629*

81 Name *DEBRA CALCAGNI*
82 Street Address (P.O. Box Number is Not Acceptable)
5582 66TH ST N
83
84 City *ST PETERSBURG* FL 85 Zip Code *33709*

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 *Debra Calcagni* *DEBRA CALCAGNI, PRESIDENT* 2/15/99
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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <i>PRESIDENT, DIRECTOR, TREASURER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | <i>DEBRA CALCAGNI</i> P/O/T |
| STREET ADDRESS | | 1.3 STREET ADDRESS | <i>5582 66 ST N</i> |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | <i>ST PETERSBURG FL 33709</i> |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <i>CEO, DIRECTOR, SECRETARY</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | <i>ROBERT CALCAGNI</i> S/D |
| STREET ADDRESS | | 2.3 STREET ADDRESS | <i>5582 66 ST N</i> |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | <i>ST PETERSBURG FL 33709</i> |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: *Debra Calcagni* *DEBRA CALCAGNI, PRESIDENT* 2/15/99 727-546-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)