

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 502083

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC6332663979**

**Entity Name:** GEM LAPIDARY EQUIPMENT, INC.

**Current Principal Place of Business:**

4206 HERSCHEL ST  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4206 HERSCHEL ST  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-1650942

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORT,RACHAEL K.  
4161 ROBIN HOOD RD  
JACKSONVILLE, FL 32210 US

*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.*

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

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FORT, TOM  
Address 4411 SHERWOOD ROAD  
City-State-Zip: JACKSONVILLE FL

Title ST  
Name FORT, LYNNE  
Address 4411 SHERWOOD ROAD  
City-State-Zip: JACKSONVILLE FL

Title VP  
Name FORT, JR., THOMAS L.  
Address 4206 HERSCHEL ST  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS L. FORT

**PRESIDENT**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date