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AND
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95 MAY 22 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 551273

(6)

1. Corporation Name

L.P. GEMS, INC.

Principal Place of Business

5931 BRICK CT #140
PO BOX 5017
WINTER PARK FL 32792-7424
US

Mailing Address

5931 BRICK CT #140
PO BOX 5017
WINTER PARK FL 32792-7424
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1977

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1771902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PRZECLAWSKI, J. M.
3352 STERLING LANE
ORLANDO FL 32817

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, as 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 of person to print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
PRZECLAWSKI, MICHAEL
2455 LAKE WAUMPI DR
MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
PRZECLAWSKI, JEAN MARIE
3352 STERLING LANE
ORLANDO, FL 00000 32817

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PRZECLAWSKI, FRANCINE
3340 STERLING LANE
ORLANDO, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
PRZECLAWSKI, LEONARD
3340 STERLING LANE
ORLANDO, FL 32817

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

CO - PD.

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

CO - PD

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

STD

☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

176128

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.M. PRZECLAWSKI

05.16.95

407-677-7364