

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90036 028 \*\*\*150.00

DOCUMENT # 633546

1. Corporation Name  
GEM PRODUCTS, INC.

Principal Place of Business

140 INDUSTRIAL LOOP  
ORANGE PARK FL 32073

Mailing Address

140 INDUSTRIAL LOOP  
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1979

4. FEI Number

59-2027696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

BRIDGEWATER, ERLE S  
2095 SALTMYRTLE LANE  
ORANGE PARK FL 32073

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

1/5/99

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME BRIDGEWATER, CANDACE  
STREET ADDRESS 2637 SIGMA CT  
CITY-ST-ZIP ORANGE PARK, FL 00000

TITLE VD ☐ DELETE

NAME BRIDGEWATER, MATTHEW  
STREET ADDRESS 1696 TALL TIMBER DR  
CITY-ST-ZIP ORANGE PARK FL

TITLE PD ☐ DELETE

NAME BRIDGEWATER, ERLE S  
STREET ADDRESS ~~2637 SIGMA CT~~ 2095 Salt Myrtle Lane  
CITY-ST-ZIP ORANGE PARK, FL ~~00000~~ 32073

TITLE V ☐ DELETE

NAME LEE, FRED A  
STREET ADDRESS 286 BONNLYN DR.  
CITY-ST-ZIP ORANGE PARK FL

TITLE S ☐ DELETE

NAME SETTLE, LISA  
STREET ADDRESS 3075 MOODY AVE.  
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE

NAME Zhu, Joseph Shoulian  
STREET ADDRESS 1441 Creek's Edge Ct.  
CITY-ST-ZIP Orange Park, FL 32073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Lisa Settles  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 904-264-0173

CR2E034 (1/98)

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