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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F01930

(9)

**GEMINI ELECTRONICS, INC.** 

**FILED** Apr 16 1998 8:00am Secretary of State

| Principal Place of Business 1680 TIMOCUAN WAY LONGWOOD FL \$2750 US  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 | Mailing Address  1680 TIMOCUAN WAY LONGWOOD FL 32750 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28   |   | DO NOT WRITE IN T  3. Date Incorporated or Qualified 10/16/1980  4. FEI Number 59-2044647  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution   | Applied For Not Applicable       |
|---|--|---|---|----------------------------------|
| Zip Country 24 25 25 9 Name and Addres  | ZIP 29 s of Current Registered Agent   | Country<br>30   | 8. This corporation owes or has paid the Personal Property Tax due June 30.  10. Name and Address of New Registe  | ☐ Yes ☐ No                       |
| DAVIS, JESSE<br>1680 TIMOCUAN WAY<br>LONGWOOD FL 32750  |  | 81         Name           82         Street Add           83         Street Add                             | ress (P.O. Box Number is Not Acceptable)  | FL 85 Zip Code                   |
| office or registered agent, or bolly, agent. I am familiar with, and accel SIGNATURE Signature, typed or printed name to                      | in the State of Florida. Such change was in the obligations of, Section 607.0505, Florida Such change was in the obligation of the obligat | authorized by the corpora   | poration submits this statement for the purportion's board of directors. I hereby accept the production's board of directors. I hereby accept the production of directors and when renstating.  ADDITIONS/CHANGES TO OFFICERS | a appointment as registered      |
| TITLE VTS  NAME DAVIS, DONNA G STREET ADDRESS CITY-ST-ZIP LONGWOOD FL  TITLE  | DELETE   | 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE                             |   | Change Addition                  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | [_] DELETE   | 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS                         |   | Change Addition                  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | DELETE   | 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS |   | Change Addition  Change Addition |
| CITY-ST-ZIP   | the data this bling does not qualify   | 6.4 CITY-ST-ZIP   | in Section 119.07(3)(i), Florida Statutes.   furt   | her certify that the information |

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. In this is made under oath; that I am an 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 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 indicated on this annual report or supplemental annual report is true and 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 atlachment with an address.