

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90065 028 \*\*\*150.00

0463691

**DOCUMENT # F13654**

1. Entity Name

**GEMMAC, INC.**

Principal Place of Business

~~195 GRAND ISLAND BLVD~~  
 PANAMA CITY BEACH FL 32407  
 US

Mailing Address

~~195 GRAND ISLAND BLVD~~  
 PANAMA CITY BEACH FL 32407  
 US

J 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2121 HARRISON AV**

Suite, Apt. #, etc.  
**Q 4**

City & State  
**PANAMA CITY FL**

Zip  
**32405**

Country  
**USA**

3. Mailing Address

**2121 HARRISON AV**

Suite, Apt. #, etc.  
**Q 4**

City & State  
**PANAMA CITY**

Zip  
**32405**

Country  
**USA**

4. FEI Number **59-2062821**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCLUNG, JERRY**  
~~195 GRAND ISLAND BLVD~~  
 PANAMA CITY BEACH FL 32407

**Q 4**  
**2121 HARRISON AV**  
**32405**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MCCLUNG, JERRY</b> <b>195 GRAND ISLAND BLVD</b> <b>PANAMA CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2121 HARRISON AV APT Q 4</b> <b>PANAMA CITY FL 32405</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry McClung Jerry McClung 4/1/01 850 783 6839  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) Phone #

CR2E034 (10/00)