eceived Event (Event Succeeded)

Date:	6/7/99	**Time:**	
Pages:	3	**Remote CSI**	

7-07-1999 8:37AM FROM

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May 07, 1999 8:00 am
Secretary of State
05-07-1999 90137 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

585607 - 90001 - 11

DOCUMENT # F60549

1. Corporation Name
GEM-CAN SUPPLY, INC.

Principal Place of Business	Mailing Address
200 N FL AVE WAUCHULA FL 33873	P.O. BOX 586 WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1981
4. FEI Number: 59-2170764 ☐ 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
8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 228 N. 6th Avenue
Suite, Apt. #, etc.
22
City & State
23 Wauchula FL
Zip / Country
24 33873 25

2a. Mailing Address
26 P. O. Box 586
Suite, Apt. #, etc.
27
City & State
28 Wauchula FL
Zip / Country
29 33873 30

9. Name and Address of Current Registered Agent
KROLL, M JOAN
200 NORTH FLORIDA AVENUE
WAUCHULA FL 33873

10. Name and Address of New Registered Agent
31 Name: Wellons James N. III
32 Street Address (P.O. Box Number is Not Acceptable): 13480 SW 99th Terrace
33
34 City: Miami FL 35 Zip Code: 33186

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: James N. Wellons III 7/7/99
(Signature, board of directors or registered agent and title if applicable) (DATE) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WELLONS, JAMES N. III 13480 SW 99TH TERRACE MIAMI FL 33186	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KROLL, M. JOAN 200 N. FLA. AVE. WAUCHULA FL 33873	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: James N. Wellons III 4/29/99 305-384-0128
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (Daytime Phone #)

CR2E054 (11/98)