2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90124 032 ***150.00

0632293

DOCUMENT # F60549

1. Entity Name
GEM-CAN SUPPLY, INC.

Principal Place of Business	Mailing Address
228 N 6TH AVENUE WAUCHULA FL 33873	P.O. BOX 586 WAUCHULA FL 33873

AUUUU6UU

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
215 Carlton St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wauchula, FL	City & State:
Zip: 33873 Country:	Zip: Country:

4. FEI Number 59-2170764 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELLONS, JAMES M III 13480 SW 99TH TERRACE MIAMI FL 33186	Name: James N. Wellons, III Street Address (P.O. Box Number is Not Acceptable): 1250 Josephine CT. City: Sebring FL Zip Code: 33875

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 [signature] III 1/10/01
Signature, typed or printed name of registered agent and title if applicable. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WELLONS, JAMES N III 13480 SW 99TH TERRACE MIAMI FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P James N Wellons, III 1250 Josephine CT. Sebring, FL 33875 ☒ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] III 01/10/01 863-655-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #