

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90021 004 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # F95000003800

1. Corporation Name
G.E.M. CONSTRUCTORS INC.



Principal Place of Business
 ROUTE 2, BOX A-1
 MARION NC 28752

Mailing Address
 ROUTE 2, BOX A-1
 MARION NC 28752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1995

4. FEI Number **56-1347356**
 Applied For
 Not Applicable

2. Principal Place of Business
 21 **RT 11 BOX 3**
 Suite, Apt. #, etc. 22

2a. Mailing Address
 26 **RT 11 BOX 3**
 Suite, Apt. #, etc. 27

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

City & State
 23 **MARION NC**

City & State
 28 **MARION NC**
 Zip Country
 24 **28752** 25 **MCDOWELL** 29 **28752** 30 **MCDOWELL**

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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LARRY D	1.2 NAME	
STREET ADDRESS	778 VETERANS DRIVE EXT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARION NC 28752	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIFIELD, KATHRYN M	2.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 688	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARION NC 28752	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BETTY J.	3.2 NAME	
STREET ADDRESS	778 VETERAN'S DRIVE, EXT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARION N	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BETTY J	4.2 NAME	
STREET ADDRESS	778 VETERANS DRIVE EXT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARION NC 28752	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Larry D Miller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/28/99 Daytime Phone #: 828-652-3767

CR2E034 (11/98)