

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G71665 (5)

1. Corporation Name
GEMINI TRUCK TOPS, INC.



Principal Place of Business % ROBERT J. BAUER 364 BEAL PARKWAY FORT WALTON BEACH FL 32548	Mailing Address % ROBERT J. BAUER 364 BEAL PARKWAY FORT WALTON BEACH FL 32548
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3. Date Incorporated or Qualified **02/06/1984** 3a. Date of Last Report **05/31/1995**

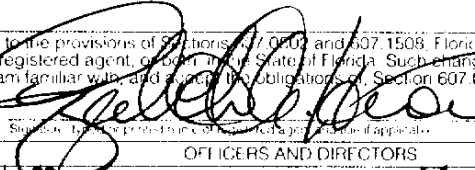
2. Principal Place of Business 21 Elizabeth Harmon Suite, Apt #, etc 22 364 Beal Pkwy City & State 23 Ft. Walton Bch, FL Zip 24 32548 Country 25 USA	2a. Mailing Address 26 Elizabeth Harmon Suite, Apt #, etc 27 364 Beal Pkwy City & State 28 Ft. Walton Bch, FL Zip 29 32548 Country 30 USA
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4. FEI Number 59-2360920	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 has liability for intangible tax under s. 190.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**BAUER, ROBERT J
331 JONQUIL AVENUE
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
81 Name **Elizabeth Harmon**
82 Street Address (P.O. Box Number is Not Acceptable)
491 E. Miracle Strip Pkwy #5
83
84 City **Mary Esther** FL 85 Zip Code **32569**

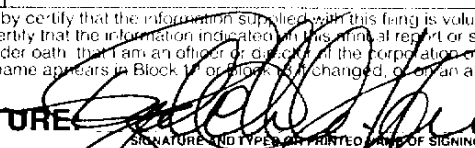
11. Pursuant to the provisions of Sections 607.0100 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  **ELIZABETH M. HARMON** 6-18-96
(Signature of Registered Agent required when instituting change)

12. OFFICERS AND DIRECTORS	
TITLE PO	☒ DELETE
NAME BAUER, ROBERT J	
STREET ADDRESS 331 JONQUIL AVENUE	
CITY-ST-ZIP FORT WALTON BEACH FL 32548	
TITLE SD	☒ DELETE
NAME HARMON, ELIZBETH M	
STREET ADDRESS 491 E. MIRACLE STRIP PKWY., UNIT 5	
CITY-ST-ZIP MARY ESTHER FL 32569	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	☒ Change ☐ Addition
1.2 NAME ELIZABETH HARMON	
1.3 STREET ADDRESS 491 E. MIRACLE STRIP PKWY #5	
1.4 CITY-ST-ZIP MARY ESTHER, FL 32569	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE  **ELIZABETH HARMON** 6-18-96
(Signature and typed name of signing officer or director)

CR2E034 (3/96)