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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H35042
1. Corporation Name
GEMINI MACHINE COMPANY, INC.

(1)



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2600 MCCORMICK DR., STE. 230 % DAVID M. WALL CLEARWATER FL 34619 US		Mailing Address 2600 MCCORMICK DR., STE. 230 % DAVID M. WALL CLEARWATER FL 34619 US		3. Date Incorporated or Qualified 12/14/1984	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2514982 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WALL, DAVID M. 2600 MCCORMICK DR. SUITE 230 CLEARWATER FL 34619				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	PV	1.1 TITLE	VP
NAME	LAVOIE, NORMAND A.	1.2 NAME	LAVOIE, Paul J.
STREET ADDRESS	2880 LANDING DR.	1.3 STREET ADDRESS	3924 Bluefield Lane
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	ST	2.1 TITLE	VP
NAME	LAVOIE, PATRICIA A.	2.2 NAME	Lavoie, Normand A. Jr.
STREET ADDRESS	2880 LANDING DRIVE	2.3 STREET ADDRESS	3585 Spencer Lane
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	Marietta, GA 30066
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Patricia A. Lavoie* PATRICIA A. LAVOIE (Sec/Pres) 4-1-98 770-592-9040

CR2E034 (10/97)