

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # H35042**

1. Corporation Name

**GEMINI MACHINE COMPANY, INC.**

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WALL, DAVID M.  
2600 MCCORMICK DR.  
SUITE 230  
CLEARWATER FL 34619**

3. Date Incorporated or Qualified

**12/14/1984**

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PV** ☐ DELETE  
NAME **LAVOIE, NORMAND A.**  
STREET ADDRESS **2860 LANDING DR.**  
CITY-ST-ZIP **MARIETTA GA**

TITLE **ST** ☐ DELETE  
NAME **LAVOIE, PATRICIA A.**  
STREET ADDRESS **2860 LANDING DRIVE**  
CITY-ST-ZIP **MARIETTA GA**

TITLE **VP** ☒ DELETE  
NAME **LAVOIE, PAUL J.**  
STREET ADDRESS **2924 BLUEFIELD LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VP** ☒ DELETE  
NAME **LAVOIE, NORMAN A. JR.**  
STREET ADDRESS **3585 SPENCER LANE**  
CITY-ST-ZIP **MARIETTA GA 30066**

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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: *Patricia A. Lavoie* **Patricia A. Lavoie**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-99**

Date

**770-592-9040**

Daytime Phone #

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90059 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)