PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # H59661



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90049 018 ***150.00

 Corporation 	Name						
GEMMELL ENTERPRISES, INC.							
	· · · · · · · · · · · · · · · · ·				I (BOIO) DIA NAME AND	() 4 6	(1 018)
Principal Place of Business Mailing Address					i idalian didi alife izlia alife diizi ital ati	ter Britter Grätte geg.	er Beiter Beiter ingt
POST OFFICE BOX 369 250 N. BABCOCK STREET							
MELBOURNE FL 32902 MELBOURNE FL 32935				DO ALOT IMPLIES IN THIS SPACE			
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		- 1
		2- Mailing Addenna			05/22/1985 4. FEI Number		Applied For
2. Principal Place of Business 2a. Mailing Address					59-2550889		Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
——————————————————————————————————————					5. Certifcate of Status Desired		Required
27					6. Election Campaign Financing	\$5.0	O-May Be
23 28 28				Trust Fund Contribution Added to F			
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29 30	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren		-		10. Name and Address of New Register	ed Agent	
			81	Name			
JACK E. GEMMELL			82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)		
250 NORTH BABCOCK ST.			02	Olicer Addi			
_ 182	SOUTH RIVERVIEW DRIVE		83				
MELBOURNE FL 32935			84	Cit		. 85 Zij	p Code
			84	City	F	:[Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named corp	poration submits this statement for the purpose	of changing i	its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was autr	norizea by	tne corporation	on's board of directors. I hereby accept the ap	pointment as	registered
	III farmilai with, and accept the obliga	goria or, bootier our loods, mana					
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	egistered Ager	nt signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	DELETE 1.1 TT				Change	e
NAME	GEMMELL, JACK E.		1.2 NAME				1
STREET ADORESS	250 IV. DADOUGH OTHER		1.3 STREET	FADDRESS			1
CITY-ST-ZIP	ILLDOOP II LE		1.4 CITY-S	T-ZIP			A 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	VP	☐ DELETE	2.1 TITLE			Change	e Addition
NAME	CAMPANALE, JEANIENE	2.2 N					1
STREET ADDRESS	250 N. BABCOCK ST. 23S		2.3 STREET	T ADDRESS			ļ
CITY-ST-ZIP	MELBOURNE FL			ST-ZIP			Addition
TITLE	PS	☐ DELETE	3.1 TITLE			Change	e
NAME	VANDEGRIFT, ANNETTE		3.2 NAME				1
STREET ADORESS	250 N. BABCOCK ST.			T ADDRESS			1
CITY-ST-ZIP	MELBOURNE FL			T-ZIP		Chang	Addition
TITLE	T '	☐ DELETE	4.1 TITLE			Change	je ∐ Addition
NAME	GEMMELL, LORAINE		4.2 NAME				
STREET ADDRESS	250 N. BABCOCK ST.		4.3 STREE	ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-S	T-ZIP		[] Chann	e Addition
TITLE	VP	☐ DELETE	5.1 TITLE			Chang	e Dwoning)
NAME	VANDEGRIFT, GREGORY M		5.2 NAME	T ADDDCCC			Į.
STREET ADDRESS	250 N. BABCOCK ST.			TADDRESS			İ
CITY-ST-ZIP	ELDOURINE I'L		5.4 CITY-S 6.1 TITLE	1-ZIP		☐ Chang	e Addition
TITLE			1			□ chang	
NAME			6.2 NAME	T ADDDCCC			}
OTDECT ADDOCAGE	r*·		■ 63 STREE	TADDRESS			

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 ay address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS