FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995 5-1-95 $550

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052222 (4)

1. Corporate Name
GEMSCAPES, INC.

Principal Place of Business
3319 PEMBROOK DR.
SARASOTA FL 34239

Mailing Address
3319 PEMBROOK DR.
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26 P.O. Box 15763
Suite, Apt. #, etc.
27
City & State
28 Sarasota, FL
29 34277 30 U.S.A.

4. FEI Number: 65-0507420 — 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. Has corporation been added to or changed its name in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DAY, J R
3319 PEMBROOK DR.
SARASOTA FL 34239

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 Section 607.0501 and 607.1608 Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE — DATE

12. OFFICERS AND DIRECTORS

Title	D
Name	HURST, NIKI L
Street Address	P.O. BOX 767546 N/A
City, State, Zip	ROSWELL GA 30076
Title	D
Name	DAY, J R
Street Address	3319 PEMBROOK DR.
City, State, Zip	SARASOTA FL 34239
Title	D
Name	GROVE, JAMES C
Street Address	3319 PEMBROOK DR.
City, State, Zip	SARASOTA FL 34239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994
☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my corporation has complied with the applicable provisions of Florida Statutes. I further certify that the information indicated on this annual report or supplemental report complies with the applicable provisions of Section 607.0505 Florida Statutes, and that my name appears above, or on an attached amendment, or on a separately filed document with an address.

SIGNATURE: James C Grove James C Grove 4/21/95 (813) 497-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0344380 CP