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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000062583 (7)**

1. Corporation Name

GEMRON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2165 TROUT COURT NAPLES FL 33962	2165 TROUT COURT NAPLES FL 33962

2. Principal Place of Business	2a. Mailing Address
21	26 2335 N. Tamiami Trail
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #201
City & State 23	City & State 28 Naples, Fl. 33940
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 08/22/1994	3a. Date of Last Report: 06/26/1995
4. FEI Number: 65-0518834	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. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

LEHMAN, CHARLES C
2335 EAST ELEVENTH STREET SOUTH
SUITE 201XXX
NAPLES FL 33940XX

10. Name and Address of New Registered Agent

81 Name: Charles C. Lehman
82 Street Address (P.O. Box Number is Not Acceptable): 2335 N. Tamiami Trail, #201
83
84 City: Naples FL 85 Zip Code: 33940

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: Charles C Lehman DATE: 5/31/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCONNELL, RONNIE B 2165 TROUT COURT NAPLES FL 33962 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCONNELL, GAIL E 2165 TROUT COURT NAPLES FL 33962 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: Gail E McConnell V.P./DIR. 5-31-96 941 263-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)