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Jun 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000093789 (2)**

1. Corporation Name

**GEM REALTY OF CENTRAL FLORIDA INC.**

Principal Place of Business

**212 ANGLER AVE  
DELTONA FL 32725**

Mailing Address

**212 ANGLER AVE  
DELTONA FL 32725-9048**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

**29**

**30**

9. Name and Address of Current Registered Agent

**SMITH, GREGORY D  
212 ANGLER AVE  
DELTONA FL 32725**

3. Date Incorporated or Qualified

**12/11/1995**

3a. Date of Last Report

**08/01/1996**

4. FEI Number

**APPLIED FOR**

☒ 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

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SMITH, GREGORY D**  
STREET ADDRESS **212 ANGLER AVE**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

14. I do 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

**300002219383  
-06/23/97--01031--006  
\*\*\*170.00**

CR2E034 (9/96)

Form **SS-4**(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

**1** Name of applicant (Legal name) (See instructions.)  
**GREG D SMITH**

**2** Trade name of business (if different from name on line 1)  
**GEM REALTY OF CENTRAL FLA INC**

**3** Executor, trustee, or care of name  
**GREG D. SMITH**

**4a** Mailing address (street address) (room, apt., or suite no.)  
**212 ANGLER AVE**

**5a** Business address (if different from address on lines 4a and 4b)

**4b** City, state, and ZIP code  
**SELTONA FLORIDA 32705**

**5b** City, state, and ZIP code  
**FLORIDA**

**6** County and state where principal business is located  
**VOLUSIA**

**7** Name of principal officer, general partner, grantor, owner, or trustee - SSN required (See instructions.) ► **GREG D Smith**  
**261-02-8838**

**8a** Type of entity (Check only one box.) (See instructions.)

☒ Sole proprietor (SSN) ☐ Estate (SSN of decedent)

☐ Partnership ☐ Personal service corp. ☐ Plan administrator-SSN

☐ REMIC ☐ Limited liability co. ☐ Other corporation (specify) ►

☐ State/local government ☐ National Guard ☐ Trust ☐ Farmers cooperative

☐ Other nonprofit organization (specify) ► ☐ Federal Government/military ☐ Church or church-controlled organization

☐ Other (specify) ► (enter GEN if applicable)

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

**9** Reason for applying (Check only one box.)

☒ Started new business (specify) ► ☐ Banking purpose (specify) ►

☐ Hired employees ☐ Changed type of organization (specify) ►

☐ Created a pension plan (specify type) ► ☐ Purchased going business

☐ Created a trust (specify) ► ☐ Other (specify) ►

**10** Date business started or acquired (Mo., day, year) (See instructions.) **12-96**

**11** Closing month of accounting year (See instructions.) **December**

**12** First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (Mo., day, year).

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) Nonagricultural **0** Agricultural **0** Household **0**

**14** Principal activity (See instructions.) **REAL ESTATE**

**15** Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

**16** To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A

**17a** Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No

Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► **GREG D SMITH** Trade name ► **R D SMITH BUILDERS INC**

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (Mo., day, year) **APPROX 1976-77** City and state where filed **SELTONA FLA** Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

**407-860-5011**

Fax telephone number (include area code)

**407-860-5072**Name and title (Please type or print clearly.) **GREG D SMITH Pres.**

Signature

Date

Note: Do not write below this line. For official use only.

Please leave  
blank ►

Geo.

Ind.

Class

Size

Reason for applying