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FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000049114 (7)

1. Corporation Name  
**GEMINI AUTO TRANSPORT SERVICES, INC.**



Principal Place of Business  
**15300 W. COLONIAL DR.  
SUITE 703  
WINTER GARDEN FL 34787**

Mailing Address  
**15300 W. COLONIAL DR.  
SUITE 703  
WINTER GARDEN FL 34787-4282**

3. Date Incorporated or Qualified  
**06/07/1996**

3a. Date of Last Report

2. Principal Place of Business

21 **433 SAND LIME RD**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **433 SAND LIME RD**  
Suite, Apt. #, etc.

4. FEI Number

**59-3388135**

Applied For

Not Applicable

22

City & State

23 **WINTER GARDEN FL**

Zip Country

24 **34787** 25 **ORANGE**

27

City & State

28 **WINTER GARDEN FL**

Zip Country

29 **34787** 30 **ORANGE**

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

**HEINEY, DENNIS W JR.  
15300 W. COLONIAL DR.  
SUITE 703  
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name **Dennis W. Heiney Jr**

82 Street Address (P.O. Box Number is Not Acceptable)  
**433 SAND LIME RD**

83

84 City **WINTER GARDEN**

FL 85

Zip Code **34787**

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 **Dennis W. Heiney Jr.**

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

3-9-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 **DIRECTOR, PRESIDENT, TREASURER** ☐ Change ☒ Addition  
1.2 NAME **DENNIS W. HEINEY JR**  
1.3 STREET ADDRESS **433 SAND LIME RD**  
1.4 CITY- ST- ZIP **WINTER GARDEN FL 34787**

2.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
2.2 NAME **KRISTEN M. FINEBROCK**  
2.3 STREET ADDRESS **433 SAND LIME RD**  
2.4 CITY- ST- ZIP **WINTER GARDEN FL 34787**

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: **Dennis W. Heiney Jr.** 1/20/97 (907) 654-3277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)