

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90018 003 ***150.00

0107855

DOCUMENT # **P96000049114**

1. Corporation Name

GEMINI AUTO TRANSPORT SERVICES, INC.



Principal Place of Business

**433 SAND LIME RD
WINTER GARDEN FL 34787
US**

Mailing Address

**433 SAND LIME ROAD
WINTER GARDEN FL 34787
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

59-3388135

Applied For

Not Applicable

6. 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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 18124 Villa City Rd

2a. Mailing Address

26 18124 Villa City Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Groveland FL

City & State

28 Groveland FL

Zip

24 34736

Country

25 US

Zip

29 34736

Country

30 US

9. Name and Address of Current Registered Agent

**HEINEY, DENNIS W JR
433 SAND LIME ROAD
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18124 Villa City Rd

83

84 City **Groveland**

FL

85 Zip Code

34736

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE

NAME **HEINEY, DENNIS W JR**

STREET ADDRESS **433 SAND LIME ROAD**

CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **S** ☐ DELETE

NAME **SCHRAWDER, STEPHANIE A**

STREET ADDRESS **433 SAND LIME ROAD**

CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **18124 Villa City Rd**

1.4 CITY-ST-ZIP **Groveland FL 34736**

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 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
Signature, typed or printed name of registered agent and title if applicable.

CR2E034 (5/99)



**TRIPLE
CHECK**

✓Income Tax Service
✓Financial & Insurance Services
✓Accounting & Bookkeeping Services

619785-90018-3
P96000049114
320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

September 20, 1999

Annual Reports Filing
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P96000049114 -- Gemini Auto Transport Services, Inc.

Dear Madam or Sir,

I am writing you on behalf of the above shown corporation as the preparer of the tax returns for Gemini Auto Transport Services, Inc.

As you can see on the report, the corporation has moved and failed to receive the First Annual Report Notice. To compound the problem, it was necessary for the corporation to file an extension this year for the Federal and State filings.

The president, Mr. Dennis Heiney, attended his tax appointment with my firm just three days ago and in his papers was the Second Notice for the Annual Second Notice for the Annual Report, which the Post Office finally forwarded to the corporation.

We request that the late filing penalty be abated and that the full payment of the enclosed normal fee be accepted. Your prompt attention to this matter is appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Ronald A. McBride, EA
President

Enclosure:
Check #1171
Second Notice