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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000055423 (6)

1. Corporation Name:  
GENESIS MARKETING & CONSULTING, INC.

Principal Place of Business

22 S TUTTLE AVE  
SUITE 4  
SARASOTA FL 34237  
US

Mailing Address

22 S TUTTLE AVE  
SUITE 4  
SARASOTA FL 34237-6330  
US



3. Date Incorporated or Qualified 08/04/1993  
3a. Date of Last Report 04/05/1996

2. Principal Place of Business

21 727 S. ORANGE AVE

Suite, Apt. #, etc.

22 SUITE 1

City & State

23 SARASOTA, FL

Zip

24 34236

Country

25

2a. Mailing Address

26 727 S. ORANGE AVE.

Suite, Apt. #, etc.

27 SUITE 1

City & State

28 SARASOTA, FL

Zip

29 34236

Country

30

4. FEI Number

65-0429247

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

THOMPSON, WILLIAM B  
5120 JUNGLE PLUM RD  
SARASOTA FL 34242

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME THOMPSON, WILLIAM B  
STREET ADDRESS 5120 JUNGLE PLUM RD  
CITY-ST-ZIP SARASOTA FL

TITLE VPT ☐ DELETE

NAME THOMPSON, KAREN M  
STREET ADDRESS 5120 JUNGLE PLUM RD  
CITY-ST-ZIP SARASOTA FL

TITLE VPO ☐ DELETE

NAME THOMPSON, AMY R  
STREET ADDRESS 324 SIESTA DR  
CITY-ST-ZIP SARASOTA FL

TITLE VPS ☐ DELETE

NAME THOMPSON, MICKEY  
STREET ADDRESS 1655 NORTH DR  
CITY-ST-ZIP SARASOTA FL

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:

KAREN THOMPSON, V. PRES.

2-26-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)