

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 449677 (4)

1. Corporation Name
THE GENIE CORPORATION



Principal Place of Business

565 KEENAN AVENUE
FT. MYERS FL 33919
US

Mailing Address

565 KEENAN AVE
SUITE 407
FORT MYERS FL 33919
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

GEDDES, JANET G.
17424 BIRCHWOOD LN., S.W.
FT MYERS FL 33908

3. Date Incorporated or Qualified
04/03/1974

3a. Date of Last Report
01/30/1995

4. FEI Number

59-2124184

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 of person designated to receive communications for the corporation)

(Signature of Registered Agent (signature required for reinstating))

(Date)

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 2. 1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 3. 1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 4. 1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 5. 1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 6. 1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. 1. TITLE 2. 1. TITLE 3. 1. TITLE 4. 1. TITLE 5. 1. TITLE 6. 1. TITLE 7. 1. TITLE 8. 1. TITLE 9. 1. TITLE 10. 1. TITLE 11. 1. TITLE 12. 1. TITLE 13. 1. TITLE 14. 1. TITLE 15. 1. TITLE 16. 1. TITLE 17. 1. TITLE 18. 1. TITLE 19. 1. TITLE 20. 1. TITLE 21. 1. TITLE 22. 1. TITLE 23. 1. TITLE 24. 1. TITLE 25. 1. TITLE 26. 1. TITLE 27. 1. TITLE 28. 1. TITLE 29. 1. TITLE 30. 1. TITLE 31. 1. TITLE 32. 1. TITLE 33. 1. TITLE 34. 1. TITLE 35. 1. TITLE 36. 1. TITLE 37. 1. TITLE 38. 1. TITLE 39. 1. TITLE 40. 1. TITLE 41. 1. TITLE 42. 1. TITLE 43. 1. TITLE 44. 1. TITLE 45. 1. TITLE 46. 1. TITLE 47. 1. TITLE 48. 1. TITLE 49. 1. TITLE 50. 1. TITLE 51. 1. TITLE 52. 1. TITLE 53. 1. TITLE 54. 1. TITLE 55. 1. TITLE 56. 1. TITLE 57. 1. TITLE 58. 1. TITLE 59. 1. TITLE 60. 1. TITLE 61. 1. TITLE 62. 1. TITLE 63. 1. TITLE 64. 1. TITLE 65. 1. TITLE 66. 1. TITLE 67. 1. TITLE 68. 1. TITLE 69. 1. TITLE 70. 1. TITLE 71. 1. TITLE 72. 1. TITLE 73. 1. TITLE 74. 1. TITLE 75. 1. TITLE 76. 1. TITLE 77. 1. TITLE 78. 1. TITLE 79. 1. TITLE 80. 1. TITLE 81. 1. TITLE 82. 1. TITLE 83. 1. TITLE 84. 1. TITLE 85. 1. TITLE 86. 1. TITLE 87. 1. TITLE 88. 1. TITLE 89. 1. TITLE 90. 1. TITLE 91. 1. TITLE 92. 1. TITLE 93. 1. TITLE 94. 1. TITLE 95. 1. TITLE 96. 1. TITLE 97. 1. TITLE 98. 1. TITLE 99. 1. TITLE 100. 1. TITLE

PT
GEDDES, JANET G.
17424 BIRCHWOOD LN., S.W.
FT MYERS FL
DC
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17424 BIRCHWOOD LN., S.W.
FT MYERS FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-29-96 941-481-2134

CR2E034 (12/95)