**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

**FILED**
95 JUL 21 PM 12:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **518292** **(8)**

1. Corporation Name

**GENETIC SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MARTIN K STAVENHAGEN<br>P O BOX 562<br>LEHIGH ACRES FL 33970 | C/O MARTIN K STAVENHAGEN<br>P O BOX 562<br>LEHIGH ACRES FL 33970 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1976**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25)
Zip (29) County (30)

4. FEI Number: **59-1714024** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**STAVENHAGEN, MARTIN K.**
**14190 BRIAR LN**
**LEHIGH ACRES FL 33970**

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 _____ (NOTE: Registered Agent's signature required when executing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | V | 11 TITLE | ☐ Change ☐ Addition |
| NAME | DADANT, N J | 12 NAME | |
| STREET ADDRESS | C/O DADANT & SONS INC | 13 STREET ADDRESS | |
| CITY ST ZIP | HAMILTON, IL 00000 | 14 CITY ST ZIP | |
| TITLE | TS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | DADANT, T C | 22 NAME | |
| STREET ADDRESS | C/O DADANT & SONS INC | 23 STREET ADDRESS | |
| CITY ST ZIP | HAMILTON, IL 00000 | 24 CITY ST ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | ROSS, T G | 32 NAME | |
| STREET ADDRESS | C/O DADANT & SONS INC | 33 STREET ADDRESS | |
| CITY ST ZIP | HAMILTON, IL 00000 | 34 CITY ST ZIP | |
| TITLE | P | 41 TITLE | ☐ Change ☐ Addition |
| NAME | YORK, HARVEY | 42 NAME | |
| STREET ADDRESS | C/O YORK BEE COMPANY | 43 STREET ADDRESS | |
| CITY ST ZIP | JESUP GA | 44 CITY ST ZIP | |
| TITLE | DM | 51 TITLE | ☐ Change ☐ Addition |
| NAME | STAVENHAGEN, MARTIN K | 52 NAME | |
| STREET ADDRESS | P O BOX 562 | 53 STREET ADDRESS | |
| CITY ST ZIP | LEHIGH ACRES FL | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

**SIGNATURE:** _____ PRESIDENT 7/18/95 912-427-7311
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #
HARVEY F YORK JR

0163265 FP