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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
GENETIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O MARTIN K STAVENHAGEN P O BOX 562 LEHIGH ACRES FL 33970	C/O MARTIN K STAVENHAGEN P O BOX 562 LEHIGH ACRES FL 33970-0562

3. Date Incorporated or Qualified: **11/10/1976**
3a. Date of Last Report: **03/22/1996**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 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

8. 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 (Typed or printed name of agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DADANT, N J	1.2 NAME	
STREET ADDRESS	C/O DADANT & SONS INC	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON, IL 00000	1.4 CITY-ST-ZIP	
TITLE	TS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DADANT, T C	2.2 NAME	
STREET ADDRESS	C/O DADANT & SONS INC	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON, IL 00000	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, T G	3.2 NAME	
STREET ADDRESS	C/O DADANT & SONS INC	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON, IL 00000	3.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	YORK, HARVEY	4.2 NAME	
STREET ADDRESS	C/O YORK BEE COMPANY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JESUP GA	4.4 CITY-ST-ZIP	
TITLE	DM ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STAVENHAGEN, MARTIN K	5.2 NAME	
STREET ADDRESS	P O BOX 562	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: Harvey F York

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HARVEY F YORK JR / PRESIDENT

3/11/97
Date

912-427-7311
Daytime Phone #

0406086