

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 23 1998 8:00am  
Secretary of State

DOCUMENT # 575318 (1)  
1. Corporation Name  
GENTECH INDUSTRIES, INC.



Principal Place of Business Mailing Address  
P.O. BOX 741019 P.O. BOX 741019  
ORANGE CITY FL 32774-1019 ORANGE CITY FL 32774-1019

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>06/09/1978   |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>59-1841585   |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |  |   |                   |  |
|---|--|--|--|--|---|-------------------|--|
| 9. Name and Address of Current Registered Agent<br>WILLIAMS, CAROLYN, PRESIDENT<br>12 LARKSPUR DR.<br>DEBARY FL 32713 |  |  |  | 10. Name and Address of New Registered Agent |   |                   |  |
|   |  |  |  | 81   | Name Carolyn Williams, Director   |                   |  |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable)<br>1639 S. Adelle Ave. |                   |  |
|   |  |  |  | 83   |   |                   |  |
|   |  |  |  | 84   | City Deland   | 85 Zip Code 32720 |  |

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 signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                     |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |  |  |
|----------------------------|---------------------|---------------------------------|--|---|-----------------------|--|--|
| TITLE                      | PD                  | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | Director              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | WILLIAMS, CAROLYN L |                                 |  | 1.2 NAME  | Carolyn Williams      |  |  |
| STREET ADDRESS             | 12 LARKSPUR DR.     |                                 |  | 1.3 STREET ADDRESS                                    | 1639 S. Adelle Ave.   |  |  |
| CITY-ST-ZIP                | DEBARY FL           |                                 |  | 1.4 CITY-ST-ZIP                                       | Deland, FL 32720      |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | President             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                     |                                 |  | 2.2 NAME  | Carol Sanford         |  |  |
| STREET ADDRESS             |                     |                                 |  | 2.3 STREET ADDRESS                                    | 380 E. Wisconsin Ave. |  |  |
| CITY-ST-ZIP                |                     |                                 |  | 2.4 CITY-ST-ZIP                                       | Orange City, FL 32763 |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 3.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                     |                                 |  | 3.2 NAME  |                       |  |  |
| STREET ADDRESS             |                     |                                 |  | 3.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                |                     |                                 |  | 3.4 CITY-ST-ZIP                                       |                       |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 4.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                     |                                 |  | 4.2 NAME  |                       |  |  |
| STREET ADDRESS             |                     |                                 |  | 4.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                |                     |                                 |  | 4.4 CITY-ST-ZIP                                       |                       |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 5.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                     |                                 |  | 5.2 NAME  |                       |  |  |
| STREET ADDRESS             |                     |                                 |  | 5.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                |                     |                                 |  | 5.4 CITY-ST-ZIP                                       |                       |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE |  | 6.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                     |                                 |  | 6.2 NAME  |                       |  |  |
| STREET ADDRESS             |                     |                                 |  | 6.3 STREET ADDRESS                                    |                       |  |  |
| CITY-ST-ZIP                |                     |                                 |  | 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 \_\_\_\_\_ DATE 4/15/98 (AM) 775-2178

CR2E034 (10/97)