## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

**FILED** AMOUNT DUE ON OR BEFORE 9/17/07: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 25 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 842696 (7)GEONEX MARTEL, INC. Principal Place of Business Mailing Address 8950 9TH ST N 8950 9TH ST N ST PETERSBURG FL 33702 ST. PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1979 <u>05/01/1996</u> Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 52-1069342 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. M 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campalgn Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 little if applicable (NOTE Registered Agent signature required when re-installing) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 CEOP DELETE TITLE 1.1 TITLE Change Addition MELLEN, KEN NAME 1.2 NAME 8950 9TH ST N STREET ADDRESS 1.3 STREET ADDRESS ST.PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITL F 21 TITLE MORTHAM, KAREN 22 NAME 8950 9TH ST STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG, FL 00000 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change TITLE 31 TITLE JORDAN, MITCH 3.2 NAME 8950 9TH ST N STREET ADDRESS 3.3 STREET ADDRESS ST PETERSBURG, FL 0 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE WATERFALL, BRUCE 4. 2 NAME 8950 9TH ST N STREET ADDRESS 4.3 STREET ADDRESS ST.PETERSBURG FL CITY-ST-ZIP 4.4 CITY - S1 - ZIP CFO, Treasurer, UP DELETE 5.1 TITLE Addition TITLE Change WILLIAM C STRANB 5.2 NAME 8950 9th ST N STREET ADDRESS 5.3 STREE1 ADDRESS

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 cath; 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 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

61 TOLE

62 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

THE KARES M MORTHAM 7/21/97 813-544-0049

ST PETERSBURG

38702

Change

Addition