

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # F53324 (2)  
1. Corporation Name  
GEOSCIENCE INCORPORATED

Principal Place of Business	Mailing Address
4430 S.W. 35TH TERRACE GAINESVILLE FL 32608	4430 S.W. 35TH TERRACE GAINESVILLE FL 32608



2. Principal Place of Business		2a. Mailing Address	
21	1021 NW 60TH ST	26	P.O. Box 140477
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
	City & State		City & State
23	GAINESVILLE, FL	28	GAINESVILLE, FL
	Zip		Zip
24	32605	29	32614
	Country		Country
25	ALACHUA	30	ALACHUA

<b>3.</b> Date Incorporated or Qualified <b>11/10/1981</b>	<b>3a.</b> Date of Last Report <b>08/10/1995</b>
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4. FEI Number	Applied For
59-2151574	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution 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**

**10. Name and Address of New Registered Agent**

HAWKINS, LARRY K  
1021 NW 60TH STREET  
GAINESVILLE FL 32605

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HAWKINS, LARRY K	1.2 NAME	
STREET ADDRESS	1021 NW 60TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 0	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

8/1/96

**952-331-7766**

(b) (5) DPP

On the way [to the ...]

CR2E034 (3/96)