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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F89448 (7)

1. Corporation Name
GENESIS MANAGEMENT SERVICES, INC.



Principal Place of Business
3627 UNIVERSITY BLVD. S.
SUITE 840
JACKSONVILLE FL 32216

Mailing Address
3627 UNIVERSITY BLVD. S.
SUITE 840
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1982

4. FEI Number

59-2183211

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GEIGER, ALLAN T.
1301 RIVERPLACE BLVD. SUITE 1500
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME FIELDS, ZACHARY
STREET ADDRESS 4020 TURNBERRY CT
CITY-ST-ZIP J'VILLE FL

☐ DELETE

TITLE D
NAME JOHNSON, DAVIS
STREET ADDRESS 207 SAN JUAN DR
CITY-ST-ZIP PONTE VEDRA FL

☒ DELETE

TITLE DSTV
NAME BAER, DOUGLAS M.
STREET ADDRESS 3627 UNIVERSITY BLVD SO
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME SNEED, GARY W.
STREET ADDRESS 116 CARRIAGE LAMP WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL

☐ DELETE

TITLE D
NAME BROWN, J. BROOKS M.D.
STREET ADDRESS 3627 UNIVERSITY BLVD. S.
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME CARROLL, DAVID W.
STREET ADDRESS 1207 SALT CREEK ISLAND DR
CITY-ST-ZIP PONTE VEDRA BEACH FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

CR2E034 (10/97)