

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90022 016 \*\*\*150.00  
08-09-1999 90008 049 \*\*\*400.00

**PROFIT CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G66445**

1. Corporation Name

**GENUINE PROPERTIES, INC.**

Principal Place of Business

1648 OSCEOLA ST.  
JACKSONVILLE FL 32204

Mailing Address

1648 OSCEOLA ST.  
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1983

4. FEI Number

59-2343161

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 the current year  
Intangible Personal Property.



Yes ☒ No

2. Principal Place of Business

21 1870 Sunnymead Dr

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL.

Zip

24 32211

Country

25 U.S.A.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL.

Zip

29 32211

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

O'DONNELL, JAMES D.  
1648 OSCEOLA ST.  
JACKSONVILLE FL 32204

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CROWE, ROBERT H  
STREET ADDRESS 3886 MUIRFIELD BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE D ☐ DELETE

NAME CROWE, JETTIE R.  
STREET ADDRESS 3886 MUIRFIELD BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP Crowe, Robert H. ☒ Change ☐ Addition

1.2 NAME 1870 Sunnymead Dr  
1.3 STREET ADDRESS Jacksonville FL 32211  
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Crowe, Jettie R.  
2.3 STREET ADDRESS 1870 Sunnymead Dr.  
2.4 CITY-ST-ZIP Jacksonville FL 32211

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, changed, or on an attachment with an address.

SIGNATURE

Robert H. Crowe  
Jettie R. Crowe 8/4/99 9047259225

CR2E034 (5/99)