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 # **G75768** (3)

1. Corporation Name

GERIMAC CORP.

Principal Place of Business	Mailing Address
6622 THOROUGHBRED LOOP ODESSA FL 33556 US	6622 THOROUGHBRED LOOP ODESSA FL 33556 US

2. Principal Place of Business	2a. Mailing Address
21 4093 NORTH IMPERIAL WAY	26 4093 NORTH IMPERIAL WAY
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 PROVO, UTAH 84604	City & State 28 PROVO, UTAH 84604
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/22/1983
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-2356949 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CALL, EUGENE
6622 THOROUGHBREED LOOP
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name: JONI CESTARI
82 Street Address (P.O. Box Number is Not Acceptable): 9638 NORTHWEST 27th STREET
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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 JONI CESTARI *Joni Cestari* 7-21-96
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	CD	☐ DELETE
NAME	CALL, EUGENE C.	
STREET ADDRESS	6622 THOROUGHBREED LOOP	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	STD	☐ DELETE
NAME	CALL, MARVA	
STREET ADDRESS	6622 THOROUGBREED LOOP	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	PD	☐ DELETE
NAME	RIGOBERTO, TORRES A	
STREET ADDRESS	526 GRANADA	
CITY-ST-ZIP	GARLAND TX 75043	
TITLE	VD	☐ DELETE
NAME	TORRES, CYNTHIA	
STREET ADDRESS	526 GRANADA	
CITY-ST-ZIP	GARLAND TX 75043	
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	CD	☒ Change ☐ Addition
1.2 NAME	CALL, EUGENE C	
1.3 STREET ADDRESS	4093 NORTH IMPERIAL WAY	
1.4 CITY-ST-ZIP	PROVO, UTAH 84604	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	CALL, MARVA	
2.3 STREET ADDRESS	4093 NORTH IMPERIAL WAY	
2.4 CITY-ST-ZIP	PROVO, UTAH 84604	
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		

CR2E034 (3/96)

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: EUGENE C CALL *Eugene C Call* 7-21-96 801-224-5913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #