

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 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 # **G79361** (3)
1. Corporation Name
GENETECH, INC.



Principal Place of Business
**6999-2 MERRILL RD
307
JACKSONVILLE FL 32277
US**

Mailing Address
**6999-2 MERRILL RD
307
JACKSONVILLE FL 32277
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **9378 ARLINGTON EXP**
Suite, Apt. #, etc.
22 **STE 321**
City & State
23 **JACKSONVILLE, FL**
Zip Country
24 **32225** 25 **US**

2a. Mailing Address
26 **9378 ARLINGTON EXP**
Suite, Apt. #, etc.
27 **STE 321**
City & State
28 **JACKSONVILLE, FL**
Zip Country
29 **32225** 30 **US**

3. Date Incorporated or Qualified
01/18/1984
4. FEI Number
59-2517301
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

9. Name and Address of Current Registered Agent
**CALCAGNI, WILLIAM G.
6999-2 MERRILL RD STE 307
JACKSONVILLE FL 32277**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9378 ARLINGTON EXP STE 321
83
84 City **JACKSONVILLE** FL 85 Zip Code **32225**

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 *William G. Calcagni* **WILLIAM G. CALCAGNI** **4/25/98**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PD CALCAGNI, WILLIAM G.**
STREET ADDRESS **1021 CATHCART STREET**
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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE *William G. Calcagni* **WILLIAM G. CALCAGNI** **4/25/98**

CR2E034 (10/97)