SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'94 JUL 20 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H73821** **(1)**

1. Corporation Name
GENETICS GROUP, INC.

Mailing Address
% VAN P. GEEKER
227 SOUTH CALHOUN ST
TALLAHASSEE FL 32301-1805

Principal Place of Business
% VAN P. GEEKER
227 SOUTH CALHOUN ST
TALLAHASSEE FL 32301-1805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **08/30/1985**
3a. Date of Last Report: **07/06/1993**
4. FEI Number: **NOT APPLICABLE** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEEKER, VAN P.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required if agent changed

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/S/T	11 TITLE	
12 NAME	DEBUSK, A. GIB	12 NAME	
13 STREET ADDRESS	3583 DORIS DR	13 STREET ADDRESS	
14 CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	
22 NAME	DEBUSK, A. GIB	22 NAME	
23 STREET ADDRESS	3583 DORIS DR	23 STREET ADDRESS	
24 CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
31 TITLE	D	31 TITLE	
32 NAME	NELL, JANET	32 NAME	
33 STREET ADDRESS	113 AYLESBURY RD	33 STREET ADDRESS	
34 CITY-ST-ZIP	GOOSE CREEK SC	34 CITY-ST-ZIP	
41 TITLE	D	41 TITLE	
42 NAME	BROCKMAN, HERMAN	42 NAME	
43 STREET ADDRESS	RURAL ROUTE ONE	43 STREET ADDRESS	
44 CITY-ST-ZIP	CONVERVILLE JL	44 CITY-ST-ZIP	
51 TITLE	D	51 TITLE	
52 NAME	WOLFINBARGER, LLOYD	52 NAME	
53 STREET ADDRESS	1509 CEDAR LANE	53 STREET ADDRESS	
54 CITY-ST-ZIP	NORFOLK FL	54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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)(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 or 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: A. Gib DeBusk 7/18/94 904 574-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR