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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J55867**

(2)

1. Corporation Name

GENESIS INVESTMENTS, INC.

Principal Place of Business

**1803 US 19
HOLIDAY FL 34691
US**

Mailing Address

**% J. BOB HUMPHRIES, ESQUIRE
501 E KENNEDY BLVD, STE 1700
TAMPA FL 33602-4988**

3. Date Incorporated or Qualified

01/30/1987

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2797683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

**HUMPHRIES, BOB J
FOWLER, WHITE LAW FIRM
501 E KENNEDY BLVD, STE 1700
TAMPA FL 33602**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **AS** ☐ DELETE
NAME **HUMPHRIES, BOB J**
STREET ADDRESS **501 E. KENNEDY BLVD 1700**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
100002159961--7
-04/30/97--01027--018
******165.00 ****165.00**

TITLE **DP** ☒ DELETE
NAME **SPEER, RICHARD M**
STREET ADDRESS **1401 COURT ST.**
CITY - ST - ZIP **CLEARWATER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DVST** ☐ DELETE
NAME **BAKER, RICHARD W**
STREET ADDRESS **1803 U.S. 19**
CITY - ST - ZIP **CLEARWATER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D/p**
4.3 STREET ADDRESS **Scherer, J. Chris**
4.4 CITY - ST - ZIP **2210 Destiny Way**
Odessa, FL 33556

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

J. Bob Humphries, Assistant Secretary

4/29/97 (813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)