

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 PM 12:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**000001448770
-04/06/95--01015--018
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/03/1987	3a. Date of Last Report 05/02/1994
4. FEI Number 59-2797684	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	

DOCUMENT # J59417 (2)

1. Corporation Name

GENESIS COMMERCIAL SERVICES, INC.

Principal Place of Business 2210 DESTINY WAY ODESSA FL 33556 US	Mailing Address % J. BOB HUMPHRIES ESQ. 501 E. KENNEDY BLVD. 1700 TAMPA FL 33602 US
---	---

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

9. Name and Address of Current Registered Agent	
HUMPHRIES, J. BOB ESQUIRE FOWLER, WHITE LAW FIRM 501 E. KENNEDY BLVD., SUITE #1700 TAMPA FL 33602	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, JAMES F	1.2 NAME	
STREET ADDRESS	2210 DESTINY WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, RICHARD W.	2.2 NAME	
STREET ADDRESS	1803 U.S. 19	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	SPEER, RICHARD M	3.2 NAME	
STREET ADDRESS	1803 U.S. 19	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL 34691	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	J. BOB HUMPHRIES	4.2 NAME	
STREET ADDRESS	501 E KENNEDY STE #1700	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 11.07(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 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

3/30/95

(813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number