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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J59417

(2)

Mailing Address

GENESIS COMMERCIAL SERVICES, INC.

Signature, typed or printed name of registered agent and title if applicable

FILE CE D 97 APR 30 AH 11: 45 SECRETARY OF STATE TALLAHASSEE FLORIDA

ODESSA FL 3		501 E. KEN	NEDY BLVD. 1700 33602-4986			3. Date incorporated or Qualified 02/03/1967		e of Last Report 0/1996
2. Principal Place of Business		2a. Mading	2a. Mailing Address			4. FEI Number		Applied For
21		26				59-2797684		Not Applicable
Suite, Apt.	. #, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stat	te	City & 5	State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Z _I p 29	Z _I p Country		•	8. This corporation has liability for Florida Statutes	* ·	ax under s. 199.032, No
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	MPHRIES, BOB J ESQ			81	Name			
FOWLER, WHITE LAW FIRM 501 E. KENNEDY BLVD., SUITE #1700			82	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33602				63				
				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.

(NOTE Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. X XELETE ☐ Change Addition 1.1 TOTLE TITLE WOOD, JAMES F NAME 1.2 NAME 900002159949--4 -04/30/97--01027--012 2210 DESTINY WAY 1.3 STREET ANDRESS STREET ADDRESS 1.4 CITY-ST-ZIP ODESSA FL CITY - ST - ZIF ****165.00 | *****165 Allion SD DELETE DILE 2.1 TITLE D/S/T BAKER, RICHARD W 22 NAME NAME 1803 U.S. 19 STREET ADDRESS 23 STREET ADDRESS HOLIDAY FL 2 4 CITY-ST-ZIP CHTY-ST-ZiP Change __ Addition XXELETE 31 TITLE TITLE SPEER, RICHARD M 3.2 NAME NAME 1803 U.S. 19 3.3 STREET ADDRESS STAGET ADDRESS HOLIDAY FL 34691 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE AS HUMPHRIES, BOB J 1.2 NAME NAME 501 E KENNEDY STE #1700 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL CHY-S1-ZIP 4.4 CITY-ST-ZIP Change 4 Addition ___ DELETE D/P THELE 5.1 TITLE Scherer, J. Chris 2210 Destiny Way 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

Odessa, FL 33556 6.4 CITY-ST-ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual period of suppliemental 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 suppliemental 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that appears in Block 12 or Block or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIF

THLE

NAME STREET ADDRESS

> J. Bob Humphries, Assistant Secretary PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/29/97 (813) 222-1173 (W

<u>Odessa, FL 33556</u>

Weatherford, Bill 2210 Destiny Way

Change

KX Addition