FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # J73907 (4)

1. Corporation Name
GENESIS COMMUNITIES, INC.

Principal Place of Business
1803 U.S. 19
HOLIDAY FL 34691

Mailing Address
1803 U.S. 19
HOLIDAY FL 34691

3. Date Incorporated or Qualified: 05/21/1987
3a. Date of Last Report: 06/27/1995
4. FEI Number: 59-2818371 ☐ 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

2. Principal Place of Business
21
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BAKER, RICHAD W.
~~FOWLER, WHITE LAW FIRM~~
1803 US HWY19
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name: RICHARD W BAKER
82 Street Address (P.O. Box Number is Not Acceptable): 1803 US HWY 19
83
84 City: HOLIDAY FL 85 Zip Code: 34691

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	THOMAS, JOHN	
STREET ADDRESS	3025 RIDGEWOOD BLVD.	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	☐ DELETE
NAME	SPEER, RICHARD	
STREET ADDRESS	1803 US 19	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	AS	☐ DELETE
NAME	HUMPHRIES, J BOB	
STREET ADDRESS	501 E KENNEDY BL #1700	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	☐ DELETE
NAME	BAKER, RICHARD W.	
STREET ADDRESS	1803 U S 19	
CITY-ST-ZIP	HOLIDAY FL	
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	P/D	☐ Change ☒ Addition
5.2 NAME	J. CHRIS SCHERER	
5.3 STREET ADDRESS	1803 US HWY 19	
5.4 CITY-ST-ZIP	HOLIDAY FL 34691	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: [signature] J. CHRIS SCHERER P/D 2/12/96 813 376-0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)