

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K25617 (7)**

1. Corporation Name
GENDEV CORPORATION



Principal Place of Business: **4226 GOLF CLUB LANE TAMPA FL 33624 US**
Mailing Address: **4226 GOLF CLUB LANE TAMPA FL 33624 US**

2. Principal Place of Business: **18645 Avenue Capri**
2a. Mailing Address: **18645 Avenue Capri**
21. Suite, Apt. #, et. c.:
22. City & State: **Lutz, FL**
23. Zip: **33549** County: **US**
24. Zip: **33549** County: **US**

3. Date Incorporated or Qualified: **05/27/1988**
3a. Date of Last Report: **01/20/1995**
4. FET Number: **59-2893621**
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

9. Name and Address of Current Registered Agent
**GENTRY, RANDALL E.
4226 GOLF CLUB LANE
TAMPA FL 33624**

10. Name and Address of New Registered Agent
81. Name: **Gentry, Randall E.**
82. Street Address (P.O. Box Number is Not Acceptable):
83. **18645 Avenue Capri**
84. City: **Lutz** State: **FL** Zip Code: **33549**

11. Pursuant to the provisions of Sections 607.007 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.007 and 607.1508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-17-96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | DPT | <input type="checkbox"/> DELETE |
| NAME | GENTRY, RANDALL E. | |
| STREET ADDRESS | 4226 GOLF CLUB LANE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | TOUCHTON, VICKIE L | |
| STREET ADDRESS | 4226 GOLF CLUB LANE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|------------------------------------------------------------------------------|
| 11. TITLE | DPT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | Gentry, Randall E. | |
| 13. STREET ADDRESS | 18645 Avenue Capri | |
| 14. CITY-ST-ZIP | Lutz, FL 33549 | |
| 2. TITLE | VS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | Touchton, Vickie L. | |
| 2. STREET ADDRESS | 18645 Avenue Capri | |
| 2. CITY-ST-ZIP | Lutz, FL 33549 | |
| 3. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME | | |
| 3. STREET ADDRESS | | |
| 3. CITY-ST-ZIP | | |
| 4. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | | |
| 4. STREET ADDRESS | | |
| 4. CITY-ST-ZIP | | |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | | |
| 5. STREET ADDRESS | | |
| 5. CITY-ST-ZIP | | |
| 6. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | |
| 6. STREET ADDRESS | | |
| 6. 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 included on this annual report or supplementary annual reports 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 of the corporation. I do exclude 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 asterisk.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96

CR2E034 (12/95)