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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

L57147

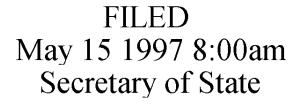
(5)

GEOSYS, INC.

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Mailing Address

1215 N.E. 17TH AVE. GAINESVILLE FL 32609 1215 N.E. 17TH AVE. GAINESVILLE FL 32609-3826





3. Date Incorporated or Qualified 3a. Date of Last Report

				03/09/1990	04/1	/17/1996							
2. Princ	pat Place of Business	2a. Mailing Address		 	4. FEI Number			plied For					
21		26			59-3002394		No	t Applicable					
Suite	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 #	Additional					
22		27			o. Certificate of Status Desired	ᇤ	Fee Re	quired					
City 8	State	City & State			6. Election Campaign Financing		\$5.00	May Be					
23		28			Trust Fund Contribution		Added t						
Zιμ	Country	Zip	Count	ry	8. This corporation has liability for	intangible ta	x under s.	199.032,					
24	25	29	30			Yes 🔲							
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent								
	LINDQUIST, ROBERT		6	1 Name									
	1215 N.E. 17TH AVE.		ية ا	82 Street Address (P.O. Box Number is Not Acceptable)									
	GAINESVILLE FL 32609		ا	82 Street Address (P.O. Box Number is Not Acceptable)									
			8	3			······································						
			6	4 City		EI İ	85 Zip (Code					
11. Purs	grant to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	ites the abo	ve-named c	orporation submits this statement for the p	viroose of c	nanging its	s registered					
offic	e or registered agent, or both, in the Stati	e of Florida. Such change was	authorized	by the coroc	orporation submits this statement for the paration's board of directors. I hereby accept	ot the appoin	ntment as	registered					
age	nt. I am familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statut	es.									
SIGNAT	JRC Styniche typed or printed name of registered ag	uni and allo if emple about 100	TE Conistered A	annt sincet us as	equired when reinstating)	DATE							
12.		ND DIRECTORS	13.	igent signature re	ADDITIONS/CHANGES TO OFFIC		IBECTOR	S IN 12					
TOLE	D	DELETE	1.1 TiTU	 	ADDITIONO/OTANOES TO OTT		Change	Addition					
NAME:	LINDQUIST, ROBERT	the second	1.2 NAM				j Unungo	reduction					
STREET ADI				ET ADDRESS									
CHTY-SI-7		DELETE		-ST-ZIP			7 05	1 4 4 2 2 2 2					
THE	D ADDITIONAL DANIES	T DECEIE	2.1 TITLE			L.] Change	Addition					
NAM8	ARRINGTON, DANIEL		2.2 NAM	E									
STREET ADI	1001111111111111111111111111111111111		2.3 STRE	ET ADDRESS									
CITY-SI-7	GAINESVILLE FL	·····		/-ST-ZIP									
1111.6		☐ DELETE	3.1 TITLE			L] Change	Addition					
NAME			3.2 NAM	E									
STREET ADD	RESS		3.3 STRE	ET ADDRESS									
C117-51-7	f'		3.4. CITY	'-ST-ZIP									
THLE		DELETE	4.1 TITLE				Change	Addition					
NAME			4. 2 NAN	1E									
STREET ADI	968.85		4.3 STRE	ET ADDRESS									
CHY-S1-Z	P		4.4 CITY	-ST-ZIP									
THLE		☐ DELETE	5.1 TITLE				Change	Addition					
NAME			5.2 NAM	E I									
STREET ADI	RESS		5,3 STRE	ET ADDRESS									
CHY-S1-7			5.4 CITY	- 1									
TITLE		DELETE	6.1 TITLE		······································		Change	Addition					
NAM:			6.2 NAM	- 1		_	•						
STREET ADI	nga ca			ET ADDRESS									
				1									
0117-51-7 14. I do	··-····	ed with this filling does not one	6.4 CITY lify for the ex		ted in Section 119 07(3)(i). Florida Statute	e I further o	artify that	tho.					

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.