

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # PO1000018327

1. Entity Name

GENCON Services, Inc.



03 OCT -2 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

500024216135
10/28/03--01073--025 **150.00

REINSTATEMENT 2003
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6032 Covey Crossing

3. Mailing Address
6032 Covey Crossing

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

4. FEI Number 59-3720829

Applied For
Not Applicable

Zip
32312

Country
USA

Zip
32312

Country
Leon

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name M. Jack Davidson

Street Address (P.O. Box Number is Not Acceptable)

1657 Copperfield Circle

City Tallahassee

FL Zip Code 32312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signatures required when reinstating.)

DATE

January 1 - May 1 Fee Is \$150.00

After May 1, Fee Is \$550.00

Amended UBR Is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
James C. Gwynn 111
6032 Covey Crossing
TALL, FL. 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Kim H. Gwynn
6032 Covey crossing
TALL, FL. 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

GENCON Services, Inc.
6032 Covey Crossing
Tallahassee, FL. 32312

To who may concern,

I am writing to let you know that I have never received notice for filing my 2003 Annual Report for GENCON Services, Inc. to the State of Florida Department of State Division of Corporations. Please waive any penalties that may have been incurred as a result of this oversight.

Regards,

A handwritten signature in black ink, appearing to read 'James C. Gwynn III', with a stylized flourish at the end.

James C. Gwynn III
President
GENCON Services, Inc.