

# 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

DOCUMENT # **P08238** (8)

1. Corporation Name

**GEONEX CORPORATION**



Principal Place of Business

**8950 9TH ST N  
ST PETERSBURG FL 33702  
US**

Mailing Address

**8950 9TH ST N  
ST PETERSBURG FL 33702  
US**

3. Date Incorporated or Qualified  
**12/02/1985**

3a. Date of Last Report  
**05/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 **8950 9th St. N**

26 **8950 9th St. N**

4. FEI Number  
**59-2632641**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **St. Petersburg, FL**

28 **St. Petersburg, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip Country

29 Zip Country

24 **33702**

25

29 **33702**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

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

83

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN, F. HAROLD	
STREET ADDRESS	8950 9TH ST N	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORTHAM, KAREN	
STREET ADDRESS	8950 9TH ST N	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JEWETT, S. LESLIE	
STREET ADDRESS	8950 9TH ST N	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	REED, J. GARY	
STREET ADDRESS	8950 9TH ST N	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN, JUDITH C.	
STREET ADDRESS	8950 9TH ST N	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	COPPEL, LAWRENCE D	
STREET ADDRESS	8950 9TH ST N	
CITY-STATE-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CEO, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Ken Mellem	
3. STREET ADDRESS	8950 9th St. N	
4. CITY-STATE-ZIP	St. Petersburg, FL 33702	
2. TITLE	VP - Finance, Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Karen Mortham	
3. STREET ADDRESS	8950 9th St. N.	
4. CITY-STATE-ZIP	St. Petersburg, FL 33702	
3. TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	Karen Mortham	
3. STREET ADDRESS	8950 9th St N.	
4. CITY-STATE-ZIP	St. Petersburg, FL 33702	
4. TITLE	Denis Taura	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	Denis Taura	
4. STREET ADDRESS	8950 9th St. N.	
4. CITY-STATE-ZIP	St. Petersburg, FL 33702	
5. TITLE	Frederik Klink	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. NAME	Frederik Klink	
5. STREET ADDRESS	8950 9th St. N.	
5. CITY-STATE-ZIP	St. Petersburg, FL 33702	
6. TITLE	Bruce Waterfall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Bruce Waterfall	
6. STREET ADDRESS	8950 9th St. N.	
6. CITY-STATE-ZIP	St. Petersburg, FL 33702	

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:

*Karen M. Mortham* KAREN M. MORTHAM

4-29-96

813-578-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E034 (12/95)