

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:06

DOCUMENT # **P22084** (8)

1. Corporation Name:

GEONEX INTERNATIONAL OPERATIONS, INC.

Principal Place of Business

Mailing Address

150 2ND AVE N, 12TH FLOOR
ST. PETERSBURG FL 33701

150 2ND AVE N, 12TH FLOOR
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1988**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business

2a. Mailing Address

21 **8950 9th ST N**

26 **SAME**

4. FEI Number: **59-2886926**

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: **ST. PETERSBURG**

28 City & State

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

24 Zip: **PL**

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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 the 7 address)

(Signature) (Typed or printed name of registered agent and the 7 address)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

~~DDP~~
TITLE: **OFF**
NAME: **FLYNN, HAROLD F.**
STREET ADDRESS: **150 2ND AVE N, 12TH FL**
CITY, ST, ZIP: **ST. PETERSBURG FL**

1.1 TITLE: **CD** Change Addition
1.2 NAME: **FLYNN HAROLD F**
1.3 STREET ADDRESS: **8950 9th ST N**
1.4 CITY, ST, ZIP: **ST. PETERSBURG FL**

~~DS~~
TITLE: **OFF**
NAME: **FLYNN, JUDITH C.**
STREET ADDRESS: **150 2ND AVE N, 12TH FL**
CITY, ST, ZIP: **ST. PETERSBURG FL**

2.1 TITLE: **D** Change Addition
2.2 NAME: **FLYNN JUDITH C**
2.3 STREET ADDRESS: **8950 9th ST N**
2.4 CITY, ST, ZIP: **ST. PETERSBURG FL**

~~AS~~
TITLE: **OFF**
NAME: **DALLARA, BRUCE D**
STREET ADDRESS: **150 2ND AVE N, 12TH FL**
CITY, ST, ZIP: **ST. PETERSBURG FL**

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:

~~AS~~
TITLE: **OFF**
NAME: **MORTHAM, KAREN**
STREET ADDRESS: **150 2ND AVE N 12TH FL**
CITY, ST, ZIP: **ST PETERSBURG FL 33701**

4.1 TITLE: **VP FINANCE** Change Addition
4.2 NAME: **MORTHAM, KAREN**
4.3 STREET ADDRESS: **8950 9th ST N**
4.4 CITY, ST, ZIP: **ST. PETERSBURG FL 33701**

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5.1 TITLE: **D** Change Addition
5.2 NAME: **GARY AED**
5.3 STREET ADDRESS: **8950 9th ST N**
5.4 CITY, ST, ZIP: **ST PETERSBURG FL 33701**

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6.1 TITLE: **CHAPTER H TRUSTEE** Change Addition
6.2 NAME: **LAWRENCE D. COPPOL**
6.3 STREET ADDRESS: **8950 9th ST N**
6.4 CITY, ST, ZIP: **ST. PETERSBURG FL 33701**

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 110.07(3)(b), 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 Mortham* **KAREN MORTHAM, VP FINANCE** 5/22/95 813-578-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)