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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P22084

(8)

GEONEX INTERNATIONAL OPERATIONS, INC.

Principal Place of Business Mailing Address					erar midis kinsi dibit dibit dibit bikil sebt	
8950 9TH ST N ST PETERSBURG FL 33701 US		8950 9TH ST N ST PETERSBURG FL 33701 US				
				 Date Incorporated or Qualified 12/13/1988 	3a. Date of Last Report 05/31/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 8950 9th St, N		26 8950 9th St. N		59-2886926	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 St. Petersburg, FL		28 St. Petersburg, FL		Trust Fund Contribution Added to Fees		
Zip 24 33702	Country 25	Zip 29 33702	Country	8. This corporation has liability for i		
24 33702	9. Name and Address of Curre		[30]	Florida Statutes Yes 10. Name and Address of New R		
	<u> </u>	The grant of the grant	81 Name	IV. Name and Address of New Fi	egistered Agent	
CT CODDODATION EVETEN			20	(DO Day Ni serbay is Mad Association)		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable) 83		
			83			
			84 City		11	
					FL 85 Zip Code	
or register	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorize	s, the above riamed co d by the corporation's l	rporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office pointment as registered agent. I am	
SIGNATURE	t t t t t t	mo v dovice do, i londo dichatos.				
	Signature: typed or printed name of registered ager	et and the it as a wable (NAC)	E. Registered Agent signature re	spired where reinstanling	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TIFLE	CD Flynn, Harold F.	DETELE	1 1 THTLE	CEO, President	Change Addition	
NAME	8950 9TH ST N		1.2 NAMě	Ken Mellem		
STREET ADDRESS	ST. PETERSBURG FL		1.3 \$TREET ADDRESS	8950 9th St. N.		
CITY-ST-Z:P	D D	FF DELETE	1.4 CITY - ST - ZIP	St. Petersburg, FL	33702	
THILE	FLYNN, JUDITH C.	™ ntri it	2 1 TITLE	VP-Finance, Secretary,	Tres. Change Addition	
NAME OTDEET ADDOCCO	8950 9TH ST N		2 2 NAME	Karen Mortham		
STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL		2.3 STREET ADDRESS	8950 9th St. N. St. Petersburg, FL	33300	
TITLE	P	□ V ELETE	2 4 CITY - ST - ZIP 3 1 TILLE		33702 PAddition	
NAME	REED, GARY	Decere	3 2 NAME	Vice President Mitch Jordan	Ondings [=] Addition	
STREET ADDRESS	8950 9TH ST N		3.3 STREET ADDRESS	8950 9th St. N.		
CITY-ST-ZIF	ST. PETERSBURG FL		3 4 City - ST - ZIP		22700	
TITLE	VP	DELETE	4 1 FITLE	St. Petersburg, FL Director	33702 Change Addition	
NAME	Mortham, Karen		4 2 NAME	Bruce Waterfall	, <u> </u>	
STREET ADDRESS	9850 9TH ST N		4.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY - ST - ZIP	8950 9th 3t. N. St. Petersburg, FL	33702	
TITLE	CT	DELETE	5 1 TIILE		Change Addition	
NAME	COPPEL, LAWRENCE D	-	5 2 NAME			
STREET ADDRESS	8950 9TH ST N		5 3 STREET ADDRESS			
CITY-ST-ZIF	ST PETERSBURG FL		5 4 CITY - ST - ZIF			
TITLE		☐ DELETE	6 1 THLE		Change Addition	
NAME			6 2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			

City-St-2IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORTHAM 4-29-16 813-578-0100

CR2E034 (12/95)