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 # P94000050575 (7)

1. Corporation Name
GENIE AMS, INC.

Principal Place of Business
1428 Marcheck St
Jacksonville Fl 32211

Mailing Address
351 Crossings Blvd #1111
Orange Park, FL 32073

3. Date Incorporated or Qualified: 7/5/94
3a. Date of Last Report: 4/21/95

2. Principal Place of Business
21 2640-13 Cesery Blvd

Suite, Apt. #, etc.
22

City & State
23 Jacksonville FL

Zip 24 32211 Country 25 USA

2a. Mailing Address
26 PO Box 11914

Suite, Apt. #, etc.
27

City & State
28 Jacksonville FL

Zip 29 32239-1914 Country 30 USA

4. FEI Number: 59-3254823 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

Hutson, Arthur L. Jr.
351 Crossings Blvd #1111
OrangePark, FL 32073

10. Name and Address of New Registered Agent

81 Name: Hutson, Arthur L., Jr
82 Street Address (P.O. Box Number is Not Acceptable): 3642 Bridgewood Dr.
83
84 City: Jacksonville FL 85 Zip Code: 32277

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Hutson, Arthur L. Jr	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 3642 Bridgewood Dr. Jacksonville FL 32277
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Hutson, Norma J.	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 3642 Bridgewood Dr. Jacksonville FL 32277
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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: _____ Arthur L. Hutson, Jr. 4/11/96 904-743-6266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-14-96