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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000041312 (6)**

1. Corporation Name

GEOS LABORATORIES, INC.

Principal Place of Business	Mailing Address
1057 ELLIS ROAD. SUITE 17 JACKSONVILLE FL 32254-2249	1057 ELLIS ROAD. SUITE 17 JACKSONVILLE FL 32254-2249

3. Date Incorporated or Qualified: 05/02/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1627 E. 8TH ST.
Suite, Apt. #, etc. 22:
City & State 23: JACKSONVILLE, FL
Zip 24: 32206-5407 Country 25:

2a. Mailing Address
26: 1627 E. 8TH ST.
Suite, Apt. #, etc. 27:
City & State 28: JACKSONVILLE, FL
Zip 29: 32206-5407 Country 30:

4. FEI Number: 59-3312122 ☐ 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

THOMPSON, WILLIAM L JR
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: EDWARD P. JACKSON, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 516 W. ADAMS ST.
83: JACKSON & MASON, ATTYS. AT LAW, P.A.
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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: EDWARD P. JACKSON 5/22/96
(Signature of new registered agent, if changed) (Printed or typed name of new registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE SCOTT, JOHN E 1057 ELLIS ROAD, SUITE 17 JACKSONVILLE FL 32254-2249	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1627 E. 8TH ST. JACKSONVILLE, FL 32206-5407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: John E Scott PRES. 5-21-96 904-354-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)