## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P95000046295 (8)

GENESIS CONSTRUCTION SERVICES, INC.

**FILED** May 06 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						E IBRAKADA KIR ISHGI SIKU BOKIL ERKIK OSIKI BO	iki gadar dina	i Diolé Hélot dili téét	
P.O. BOX 14638 P.O. BOX 14638  JACKSONVILLE FL 32238-4638 JACKSONVILLE FL 32238-46			1.4638						
AND					ì	DO NOT WRITE IN THIS SPACE			
						<ol> <li>Date Incorporated or Qualified 06/09/1995</li> </ol>			
Principal Place of Business     2e. Mailing Address						4. FEI Number		Applied For	
21						5 <del>9-332956</del> 2		Not Applicable	
22						5. Certificate of Status Desired		.75 Additional Fee Required	
City & Stat	& State City & State					6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees	
Zip	Country	Zip	Counti	Country		8. This corporation owes or has paid the	current y	ear Intengible	
24	25 29 30			Personal Property Tax due June 30. 🗹 Yes 🗌 No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  MCDONALD OF SEASON 6									
	CDONALD, QUEENIE E		•	i Na	He				
8240 SAWMILL CREEK DRIVE JACKSONVILLE FL 32244				Str	eet Addres	s (P.O. Box Number is Not Acceptable)			
			6:	3	<del></del>				
			84	Cit	·		FL 85	Zip Code	
11 Pursuant	to the equipions of Sections 607.06	02 and 607 1509 Florida Statute	e the ebo	10.000	and carpor		,	ging its registered	
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						when reinstating) DA	-		
12.	Signature, typed or printed name of registered agent end title if applicable (NOTE Registere OFFICERS AND DIRECTORS 13.			jent sign	ature required	ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12	
TIPLE	PTS	DELETE	1.1 TITLE			ADDITIONAÇÃI VAGES TO OFFICERO	CI		
NAME	MCDONALD, QUEENIE E	_	1.2 NAME						
STREET ADDRESS	DORESS 8240 SAWMILL CREEK DR		1.3 STREET ADDRESS		ss				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CitY -	ST-ZIP	1	•			
TITLE		DELETE	2.1 TITLE		4		CI	hange 🕍 Addition	
NAME			2.2 NAME		BO	WARD ON BUILDS			
STREET ADDRESS			2.3 STREE	T ADDRE	ss Di	to cawally crosses	h	}	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	-44	<del>KSOHVILLE, FL BAR</del>			
TITLE		☐ DELETE	3.1 TITLE		Y	4000 0 00000	☐ CI	nange Maddition	
NAME			3.2 NAME		199	WARD GO DAKER			
STREET ADDRESS			3.3 STREE		\$\$   17	o furman rand	17		
CITY-ST-ZIP		Documen	3.4. CITY-	ST-ZIP	74	mesonville, IL 322	. 1 /	Address The Address	
TOLE		☐ DELETE	4.1 TITLE				LJ U	hange L. Addition	
NAME			4. 2 NAME					Į.	
STREET ADDRESS			4.3 STREE		SS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP			CF	hange Addition	
		beerie					υй	Marigo   Notation	
NAME STREET ADDRESS			5.2 NAME 5.3 STREE						
CITY-ST-ZIP			5.4 CITY -		30				
TITLE		DELETE	6.1 TITLE	31- ZIP	_  _		☐ Cr	hange Addition	
NAME			6.2 NAME		ļ			- Day Francisco	
STREET ADDRESS			6.3 STREE		ss				
CITY-ST-ZIP			6.4 CITY					}	
	certify that the information supplied v	vith this filing does not qualify for			tated in Se	ection 119.07(3)(i), Florida Statutes. I furthe	r certify th	at the information	

the receiver or trustee is now and become and that his report as required by Chapter 607, Florida Statutes; and that my name appears in