

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 # **P95000066705 (1)**

1. Corporation Name
GENESIS FINE WOOD PRODUCTS, INC.



Principal Place of Business: **4619 HELENA STREET, NE ST. PETERSBURG FL 33703**
Mailing Address: **4619 HELENA STREET, NE ST. PETERSBURG FL 33703**

3. Date Incorporated or Qualified: **08/29/1995** 3a. Date of Last Report

2. Principal Place of Business: **2100 1st AVE. S.** 2a. Mailing Address
State, Apt. #, etc. City & State: **ST. PETERSBURG FL**
Zip: **33712** Country: **PINELLAS**

4. FEI Number: **59-3334091** 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
**MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD.
SUITE 309
TAMPA FL 33629**

10. Name and Address of New Registered Agent
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 officer 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of officer or director of corporation (check appropriate) DATE Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONSPERGER, THOMAS	1.2 NAME	
STREET ADDRESS	4619 HELENA ST., NE	1.3 STREET ADDRESS	3900 HAINES RD NO
CITY-STATE-ZIP	ST. PETERSBURG FL 33703	1.4 CITY-STATE-ZIP	ST PETERSBURG FL 33703
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORFOLK, JOHN	2.2 NAME	
STREET ADDRESS	4619 HELENA ST., NE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG FL 33703	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORSHAM, DAVID	3.2 NAME	
STREET ADDRESS	4619 HELENA ST., NE	3.3 STREET ADDRESS	2635 13TH AVENUE
CITY-STATE-ZIP	ST. PETERSBURG FL 33703	3.4 CITY-STATE-ZIP	ST PETERSBURG FL 33713
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORFOLK, JANET	4.2 NAME	
STREET ADDRESS	4619 HELENA ST., NE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG FL 33703	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: *Janet Norfolk* **JANET NORFOLK** 2/15/96 (813) 898-1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date/Time Printed #

CR2E034 (12/95)