


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087051 (5)**

1. Corporation Name

GENESIS FINANCIAL NETWORK INC.

Principal Place of Business

**13339 CORTEZ BLVD.
BROOKSVILLE FL 34613-4888**

Mailing Address

**13339 CORTEZ BLVD.
BROOKSVILLE FL 34613-4888**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

59-3351272

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORNETT, PATRICIA A
13339 CORTEZ BLVD.
BROOKSVILLE FL 34613-4888**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **COMEAU, ANN M**
STREET ADDRESS **13248 LINDEN DR.**
CITY-ST-ZIP **SPRING HILL FL 34609**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **FLORENCE MAGUIRE**
1.3 STREET ADDRESS **11331 ORANGEWOOD COURT**
1.4 CITY-ST-ZIP **SPRING HILL FL ~~34606~~ 34609**

TITLE **D** ☒ DELETE
NAME **WINDHAM, SANDY**
STREET ADDRESS **5388 SPRING HILL DR., STE. 405**
CITY-ST-ZIP **SPRING HILL FL 34606**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **MARY HOLSTAD**
2.3 STREET ADDRESS **9448 NORTHCLIFFE BLVD.**
2.4 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **BETTY PASTORI**
3.3 STREET ADDRESS **11332 ORANGEWOOD COURT**
3.4 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **SUE MCGROGAN**
4.3 STREET ADDRESS **6347 AIRMONT DRIVE**
4.4 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Betty Pastori*

1/13/98

13526884500

CR2E034 (10/97)