

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

①  
0006672

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000077195**

1. Corporation Name

**GENE'S HOPE, INC.**

99 JUL -6 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06-18-99 9005 009 \$150.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**651 HWY 231  
PANAMA CITY FL 32504  
US**

Mailing Address  
**653 W 23RD ST  
#288  
PANAMA CITY FL 32405  
US**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** **2509 WILLOW LANE**  
**27** Suite, Apt. #, etc.  
**28** City & State  
**29** Zip  
**30** Country

3. Date Incorporated or Qualified  
**09/17/1996**

4. FEI Number  
**59-3400133**

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 the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**BUSH, HOPE W  
651 HWY 231  
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent  
**81** Name **Raymond Gene Bush**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**2509 WILLOW LANE**  
**83**  
**84** City **LYNN HAVEN** **FL** **85** Zip Code **32444**

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 *Raymond Gene Bush* **7/2/99**  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BUSH, HOPE W</b>	
STREET ADDRESS	<b>651 HWY 231</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BUSH, RAYMOND G</b>	
STREET ADDRESS	<b>651 HWY 231</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Raymond Gene Bush* **7/2/99** **850/769-3296**

CR2E034 (5/99)

1. CERTIFIED MAIL / #: Z 501 322 991 /RETURN RECEIPT REQUESTED

②

2509 Willow Lane  
Lynn Haven FL 32444

July 2, 1999

TO: FLORIDA DIV. of Corporation  
P O BOX 6327  
Tallahassee FL 32314

ATTENTION: ANNUAL REPORT/AMENDMENT

SUBJECT: GENE'S HOPE, INC.: DOC #: P96000077195

In accordance with a Lady named Danielle (1-850-487-6056) in your "Annual Report" department, we are once again submitting IN WRITING a change of address for the cited corporation.

We checked with a lady today at 1-850-488-9000 and she referred us to Danielle - that same lady also stated that our address correction has not been reflected in the records she accessed. Danielle stated that the address still shows as 653 W. 23rd St., Panama City FL.

As a result, ALL mailings have been forwarded but not always TIMELY!! We did not receive the initial Annual Report renewal timely - we forwarded the check and renewal as quickly as we received it. Note date on check is 6/14/99; the date on the notice was a typographical error.

PLEASE, PLEASE AMEND YOUR RECORDS TO REFLECT THE FOLLOWING AS OUR CORRECT MAILING ADDRESS:

GENE'S HOPE INC DBA SMITTY'S Barbecue  
2509 WILLOW LANE  
LYNN HAVEN FL 32444

Please also note a change in registered agent to be: Raymond G. Bush; we also noted this change on form submitted 6/14/99.

Thank you again.

Yours truly,

*Raymond G. Bush*

Raymond G. Bush  
Secretary-Treasurer, Owner

Enclosure

*Hope W. Bush*