

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



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

FILED

00 MAY -2 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000077195

1. Corporation Name
GENE'S HOPE, INC.



Principal Place of Business
2943 Kingswood Drive
Panama City FL 32405

Mailing Address
P O BOX 567
Lynn Haven FL 32444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2943 Kingswood Drive	2a. Mailing Address P O BOX 567	3. Date Incorporated or Qualified 09/17/1996	4. FEI Number 59-3400133
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc. LYNN HAVEN FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
22. City & State	27. City & State LYNN HAVEN FL 32444	8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	
23. Zip Country	28. Zip Country		
24. Zip Country	29. Zip Country		

9. Name and Address of Current Registered Agent
Raymond Gene Bush
2943 Kingswood Drive
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)
2943 Kingswood Drive
83.
84. City
Panama City
85. Zip Code
FL 32405

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.

Raymond Gene Bush
SIGNATURE

Raymond G. Bush

4/29/2000

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	☐ DELETE		☐ Change ☐ Add
1. TITLE P BUSH, HOPE W 2. STREET ADDRESS 2943 Kingswood Drive 3. CITY-STATE-ZIP Panama City FL 32405	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
4. TITLE ST BUSH, RAYMOND G 5. STREET ADDRESS 2943 Kingswood Drive 6. CITY-STATE-ZIP PANAMA CITY FL 32405	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	500003264305-3 -05/23/00-01121-014 ****150.00 ****150.00
7. TITLE NAME 8. STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
9. TITLE NAME 10. STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
11. TITLE NAME 12. STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
13. TITLE NAME 14. STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

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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, with all other information empowered.

SIGNATURE: *Raymond G. Bush*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

DATE